Willie Si Varner Vi P.O. Box 40 Grady, Ar.X	Case 4:3	FORM TO BE USED BY PRISONERS IN FILING A COMPLAINTING UNDER THE CIVIL RIGHTS ACT, 424MES 1983 IN THE UNITED STATES DISTRICT COURT OF THE BASTERN DISTRICT OF ARKANSAS CASE NO. 4:20-cv-00064-IM-ITK
11644	$\frac{CND}{CND}$	pine Bluff DIVISION 5
		CASE NO. 4:20-cv-00064-JM-JTK
I.	Parties	Jury Trial: Yes □ No (Check One)
		w, place your <u>full</u> name in the first blank and place your present address in the second same for additional plaintiffs, if any.
-		Name of plaintiff: Willie J. Starr ADC # 109194 (wsm) Address: Varner Unit P.O. Box 400 Glody, Firk 71644 Name of plaintiff: ADC #
		Address: This case assigned to District Judge Name of plaintiff: and to Magistrate Judge ADC #
	em B belov nd blank, l	w, place the <u>full</u> name of the defendant in the first blank, his official position in the his place of employment in the third blank, and his address in the fourth blank.
		Name of defendant: AND Estella Bland Position: Advance Nurse practitioner Correct Care Solution—ADC Place of employment: ADC- Warner Unit
	Ø	Address: P.O. Box 600 Grady, Arkansas 7/644 Name of defendant: Dr. Aason M. Smith Position: Doctor Correct Care Solution - ADC

		C. 1. 1/2 . C/1: 1000
		Place of employment: Correct/Care Solution - ADC
		Address: P.C. Box 600 grady, Arkanses 71644
	(3)	Name of defendant: Ms Sondra parker
		Position: HSA - Health Service Administrator
		Place of employment: 16trner - P.D. Box 600 Correct/care Solution - ADC
		Address: P.D. Box 600 Grady, Arkansas 7/644
	(¥)	Name of defendant: Warden's Gibson Asst Warden Shipman
		Position: Warden and Assistant Warden Major B. Cassoll
		Place of employment: ADC Varner Unit
		Address: P.P. Box 600 Grady, Arkansas 71644
II.	Are vo	ou suing the defendants in:
***		See page
		official capacity only personal capacity only
	The state of the s	both official and personal capacity $\sqrt{2/3}$
III.	Previo	ous lawsuits For full Names of perendants
	A.	Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?
		Yes No
	В.	If your answer to A is yes, describe the lawsuit in the space below. (If there is, more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
		□ Parties to the previous lawsuit:
		Plaintiffs:
		Defendants:

	J	Court (if federal court, name the district; if state court, name the county):
	[□ Docket Number:
	I	□ Name of judge to whom case was assigned:
	I	Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	I	☐ Approximate date of filing lawsuit:
	1	☐ Approximate date of disposition.
IV.	Place of	f present confinement: Varner Super Max 90, Box
	400	Grady; Arkansas 71644
V.		ime of the alleged incident(s), were you: appropriate blank)
		in jail and still awaiting trial on pending criminal charges
	V	serving a sentence as a result of a judgment of conviction
		in jail for other reasons (e.g., alleged probation violation, etc.) explain:
* 7*		
VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires comple of administrative remedies of all claims asserted, prior to the filing of a lawsuit. prisoner grievance procedure in the Arkansas Department of Correction, and in jails. Failure to complete the exhaustion process provided as to each of the claim this complaint may result in the dismissal without prejudice of all the claims raise complaint.		
		Did you file a grievance or grievances presenting the facts set forth in this complaint?
		Yes No
	В.	Did you completely exhaust the grievance(s) by appealing to all levels within the

		Yes	No	_			lm.	4
		If not, why	? Bet "	, 100 Wil	1 notice	that the	(larden	did not
		respond	fully !	by ansa	Delling to	o Grician	10/2019	ten 8/27/2
VII.	Staten	/ nent of claim	/ L			61	10/2019	7/31/20
								6/14/201
	involv	ed. Include	also the na	ames of oth	er persons i	nvolved, date	e how each des, and places	. Do not give
Callant #	-			-				nber of related h space as you
Deterio (1	BN	Estella	Bland,	She den	ried Med	cal treatm	nent in Form	n of
	Deedle	ed refera	I, pain I	neds , 84	wwer Ch	air, Wheel	l chair, ha	nitap_
		A .	\'	,			on Stripts	,
	liks	given to i	ne becav	se of m	y Medice	l problem	: 2 most	resses.
((2) <u>/owel</u>	~ +ier/ 100	ver bun	K Back	K Brace,	Knee brace	e (4) Shor St. Because of Sign agains	ript GR
andant	*Orto	lopedic a	pplance	Shor In	Soles (5)	one (A)	Because of Age cyairs	anola ji
De 10, (3	<u> Da</u>	tor Ha	son M	1. Smith	h", He de	nied medi	ical treate	nent in
	^					1	oin Meds, S	
	Cha	ir Whee	1 Chair,	hardic	op Cell,	pain med	ds Medica	1 Autho-
	<u> 1</u> 20	tion Str	ph DEN	ewal:	He did t	his totall	y on her	Word
	With	bout any	type of	Medic	<u>cal Exa</u>	menation	, he also	Violatal
	AD	e polic	y 12-	09 po	licy 10	0-11 fana	1 Federa,	1 Ameri-
	Can	With	Sabili	fies as	ct, 8	& Amen	<u>Tedera,</u> edment ti	o the
	Un	ited St	ates C	onstis	Fution	ADA	2	
					,			

Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 5 of 106
Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 5 of 106 Place of Employment ADC Vacner Unit Defendants
C of the state of
(Defendant's)
#3) Sondra parker Health Care Service Palmini Strated
Warden: James Gibson
Deputy Warden: James Ship Man (USM)
#(a) Casification Councities Member (SM)
m - 11 1 - 1
1118. P. Washington
#Death & Taylor (VSM)
(1) (1) (1)
#8) Major B. Carroll
#9) Non 1 (1) To (SM)
TYVISE , APIN FIMY JONES
Dente li Tel Miles
bettingants Job Hadress
Varner Unit
P.O. Box 600
Caller
OTTO Y MANSOS
1/649
-7×
x-/

At all times, Each Defendant acted Under Color of State law.

(02)

VII. Statment of Claim

(1) The Defendent's herein are Sued in their indivisual and official Conpasities for the Violation of the rights of the plaintiff, Mr. Willie Starr pur Suant to the 5th, 8th, ad 19th Amendment to US. Constitution; the Americanis With Disabilities act, Arkansas Malpractice law and Corresponding State laws and Constitution. (2) The plaintiff ask the Court to exercise Supple Mental pendent Jurisdiction to hear the State law Negligence Malpractice Claims and Federal Constitutional Claims. (3) The Detendants herein at all times described Participated directly in the Violation of the lights of the plaintiff
through the actions and los Sequence's @Omission illistrated
With full Knowledge of harm to plaintiff. (4) Whereas, prove to Claims detailed here in : At the Tucker Maximum Security Unit, after AND Bland Made a Wrong Medical diagnose's of plaintiff Condition; He Smelled alcohol on her breath. He, plaintiff reported it to the Warden From Fear of the chamage AND Bland Could Cause by treating him in her Condition. (5) Consequently, She Was Sent home by Warden D. White! (6) At times during the Current Claims illistrated here after, it is the belief of plaintiff that Estalla Bland is acting Out of Retaliation When She Vindictively began taking alway his Medically ReStrictive Special Authorization Stripts, given him by Other Doctor's and Surgeon. Then She began once again to denie plaintiff Medical treatment! Whereas the First Claim arise's on 05/21/2019, I

took a fall in a Cell. After I put in Sick Call request only to be ignored by the Medical Staff. I put in Sick Call Ship on S/21/2019-ignored, 5/26/2019-Was Seen by Norse Low Jones Who gave me asprins. I Continued to hurt So I put in Sick Call on 6/2/2019, Never & Seen by Medical, put in another Sick Call On 6/14/2019, never Called. I took another fall, put in another Sick Call and was Seen by a SADON-Ms Austin and Low Jowes, who Called Ano Ms Bland Who Stated I me Ton and I show the land to Stated to Ms. Jones over the phone that She Would not See me. That was the third time she had refused to see me, denied me Medical treatment due to an old grug against me because warden David White Band her away from the Tucker Max Unit, (ee) Exhibit Deriety USM 9-01677 (8) The Second Claim arises On June, 10-2019; HND MIS Bland refused to examen the plaintiff, She refused prescription of any type of pain meds for plaintiff and would not reorder Hemorrhoida) Dintment, Gerexhibit G) Grievone Tom 19-01579 (9) The plaintiff Who Suffer's from degenerative disk di-Sease and has had to Undergo three Surgeries resulting in the placement of Rods/pins/and Screws in his Spinal Cord. The plaintiff is also a Diebetic and has High Blood pres-Sure and real Bad Dichetic Nerve pain in both feet ... (10) And Bland refuse to physically Examen the plaintiff even atter hearing of the problems, She Ignored plaintitt's Obvious injury, pain and disconfort. She Said She Would Send him the hemorrhoidal Dintmentard Sent him alway, but did not Send the Dintment eighter (See) Exhibit - H; Grewere Tvsm 19-01605 WBe Cause the plaintiff Couldn't Walk at all by this time, the exerting Officers had to go get an le Strant Chair to Corry him back to his Cell. However, in a Show of total disregard for the Plaintiffs Medical need ANP Bland left Sick Call Room are Went home:

(12) Notice, Grievances #(Vsm) 19-01605 to Warden's of the Varner Unit Where plaintiff tried to get help from the Warden to no avail. Also Notice Grievance Written On 06/14/2019 (6) to Chief of Security Major Stroughn and Major Carroll trying to get help to get a Shower Chair So that plaintiff Could take a Shower because by now he can he longer Stand up to Shower. (No response) They Sent Grievonce to Medical; no help! (13) But also to no avail, they Say its up to the provider to Say if I Can get a Shower Chair 6h not. I Was promised to be Scheduled for a Chair Evaluation, It never happened .. (19) Subsequently On 06/18/2019, Plaintiff Failed to Stand up at diabetic Call at 2:30 mm. (See) Grievance #Vsm 19-016 77 Where App Bland Once again Sent me away Without any type of a Medical Heatment: (See) Grievange # USM 19-01769 Exhibit-K (15) By this time plaintiff Tealized he needed help, So With hope tading I Write up the HSA," Ms. Sondra parker for letting AND Bland Violate My Right to Medical treatment. Nothing I did Woold Convence her to give me any Medical treatment. By Now I Can't Walk at all, I Can't even Stand. (16) I informed the Warden's, Major's, Capt's, the Administrator OVER health and explained My injuries are advised them that I Could no longer Stand on my feets: I had to drag My Self around inside of the Cell to get my Track tray my medication. I Could not get up on the tollet Seat, I encled up Useing the bath Hoom On My Self, there was No hund copped bars in the Cell. Still No One Would Come to investigate for Months, I had to build a Slide Steps to Teach to ilet Seat out of My paper Work Books and My Laundry bags (See) Exhibit - L, Grietance # Vsm 19-01785 Three one

16) Exhibit -N, (Grievance # Vsm 19-01925) Went to Step two On the Original Sheet of Grievance On 07/18/2019, never heard anything. Go to Exhibit E-13 Where I Sent the Head Care Polministrator, Ms parker a Request for-- Inter View letting her Know of My ConCern's For Ms bland Study Changing My InSulin dosage. She Say My dosage has Not been Changed, but My Norse's -Ms King in the day time along With Norses Williams day time and Norse dohnson at Night time all Says that its in the Computer that Ms bland raised my InSulin From a 30mg in the day time to War 45mg) and at Night (or) rather at 2:30 Am Morning In Sulin Call Changed from 35mg to 60mg.... It Seem to me that as Sick as I Was, She was trying to Send Me into a <u>Diebetic Coma</u>. Also there leas a Co-pay Charge on 11/07/2019, and I didn't put in a Sick Call Request, Ms. Bland Called Me out of the blue and did Nothing for Me, Except ask Me Could I Walk yet. I Said No ad She told the Officers OK take him back to the Cell! Notice, also that I Was given Same Grievance # for two of My Grievance's Written On 7/16/19 Step two On 7/18/2019, about InSulin Change: And the Other One Written 7/17/2019 and Step two on 7/18/2019 Same Griv Fram 19-01925) The One Written On 7-17-19, got an Negative responce Just as Most of My Complaints got.

Three/two

(17) Plaintiff, had done everything he Could think of to do by this time; I Could Not Shower because I had not otten a Shower Chair, plaintiff also Needed a Wheel Chair to get around inside of Cell, but the Medical Staff retused me eighter. They even Stop responding! (18) I got no help from anyone, all my Grievance's Where answered With Negative responce's, that amounted to in action/no action. I Wrote Request to allof the detendent's trying to get help from them, any Kind of assistence in My Situation, to no Avail, they made no Effort to intervene. (See) most of my Grievances talked of a 19) The plaintiff Was thereby Subjected to the Denia, of by Walking on hands and Elbows, dragging the bottom his body. Not being able to Stander, Walk. Plaintiff se of telephone Calls Vard I Daughter's Was turned around for No reason Other then they didn't Want them to See me in Such bad Shape! 20) Plaintift has "Slept on floor" for Months because of Water leak that Wet up his bed each time InMake above him took a Shower. To this Very day plaintiff has Not had a Shower him Self Sence 05 There is no built in Shower Chair in these Cells And as you will See by My Many Grievances, that Medical Would not give me a Shower Chair (P) Wheel Chair for Mobility Also (See) GrieVances # Vsm 19-01925; Exhibit O-

(21) Plaintiff has not had a Shower from (05-24-2019) thats about the time plaintiff lost the ability to Standup and Walk. Today is December 23th, Which Makes it 213 days Without a Shower and Still Counting, Seven Months) and Still no Shower (B) Real Medical treatment... (22) Still the plaintiff Write Grievances and Reguest for inter View and put in Sick Call request, Begging Literally EveryOne for help. No help! 23) However the Detendants AND Estella Bland and Dr. Horon M. Smith refuses to honor plaintiff request that he be allowed (X-Rays) on his knees and left hip Which he has repeatedly injured in falls With a Walker that does you no good if you, Can Not. Stand (R) Walk.... (24) It's apparently Clear that Dr. Haron Smith Was Convinced by AND Estella Bland on his arrival to this Unit, that plaintiff Was Faking an Injury. Because Dr. Smith Rever actually Examen the plaintiff, yet he welthe Anp Ms Bland refused him a Wheel Chair/Shower Chair, and the right to See the Specialist Who done his Back Surgeries; the Surgeon Should have been able to fix the hole in My Spinal Cord, it they would only Contact him: 29) The One X-Ray done on plaintiff Showed that he had a Spinal Fracture; But Dr. Haron Smith told plaintiff that the X-Ray Showed Nothing Wrong. When E. Bland and Dr. A. Smith left the Unit For a Weck GR) two They Where Teplaced by a Poctor William p. Scott.

(See) Exhibit W-1 (29 When plaintiff found out about Dr. William p. Scott, Who Came from Cummins Unit, he place another Sick Call in to See this doctor. When plaintiff Saw Dr. W.p. Scott On 10-25-2019, Doctor Scott told plaintiff What Was in his Medical files On the Computer and that libs that he had a Spinal Fracture, Dr. Scott also addressed his Diabetic Nerve pain. He Changed the do Sage from 300mg to 600 mg and he also Seen reason to give plaintiff a Wheel Chair to get him off the floor, off his hands and Elbows, Sliding On the floor dragging the bottom half of his body! He Was Supose to address the Other Problems plaintiff Mad (but) And Estella Bland ad Dr. Haron Smith Came back before he Could See the plaintiff again. (26) The Defendent's refuse's plaintiff anything They re-fuse's him Medical treatment; Shower Chair; adequatepain Medication: Back Brace; Wheel Chair Specialist-Consult; and failed to advise Staff members to Accom-Modate his disabled Condition in any Way at all ...

(27) The defendant Estella Bland Went Further to actually Tefuse to See the plaintiff on the dayhis back Went Out even after being informed of his Situation by Nurse Amy Jones Low. And refuses to See plaintiff even Now Jafter She returned to the Unit from her Week (ex) So Off for Vacation Law told...

(28 Notice Grievance War 19-02052; plaintiff beggs to be allowed to see an off Site provider because Both Ms. bland and Dr. Mason Smith reflued him Medical treatment. Mr. Smith brung him a old bent up Walker the Kind you push on two wheels: I told him I Couln't Use it because I Couldn't Stand up, they Wouldn't take my Words Serious and Walked out of the Cell. This is the time I fail so many times I knocked my left hip Out of place and Still Mr Smith not Ms. Bland Would examen me On 07/31/2019 I Wrote Grievance against Medical Discrimination against My Disability. The AD 12-09 Act 98 of 2011 Clearly States; facilities Shall Comply With hani Capped Access; bility Standard cleveloped by Arkansas Building Authority. (See) Griev #(18m) 19-02051; the Health Care Administrator Ignored it. Still Woold not give me Chair la Wrote Head Hoministration of Unit / Warden/Classification. They Discriminated against my Disability, they put me in a Cell that Was not Handi Capped Accessible I Still Could not in any Way take a Shower, get on the Comode. The Holministration ad Classification Ignored my request ad my Grievances: They Wooldn't even take me to Classification On the days that I was Surpose to go up to See the Committee (Sed) Grie Vance #(VSM)-19-02070, Written On 07/31/2019. EXhibit-R (31) I Grie Vance about My Health and Safety, Cell Not being Hani Caffed Accessible. Iam Still denied Medical treat-Ment (OR) Medical eguipment Needed - Wheel Chair and Shower Still I had No Safety Rails to help me get on Comode; I Still Could not Shower and I was Study hurting My Self getting On and off Comode and trying to Clean My Self up in a Sink thats Over my head to reach:

-7- Exhibit-S

(32) Grieved On 08/27/19 to Warder's "I Major's about being denied medical attention and being Charged Medical Co-pay but Still giving me No Medical attention, No examination's. Everyone in this law suit Was/is Well awhere of My Condition, Ive begged them all for help to No avial. I have dragged My Self around in this Cell for Over (5) and half Months begging any and everyone for help to get Medical treatment; Shower Care; wheel chair; (See) Griev #(VSM) 19-022 83 Notice the Communication Date, they Never Sponded Purther. Exhibit - I

(33) Grievance #(sm) 19-02377 - Medical Negligences, Denied Medical freatment and Disclimination to Medical Needs and equipment. Written on 09/09/2019. Exhibit U, the Commo-

NiCation Date 01/07/2020 (See) Exhibit U-3

(34) Maintenance problem Still Not Fixed in My Cell, I have a Water leak that Wets up my bed Covers and table top, and to the Floor. Its been Sence June, 28th, It Will be (7) Month Soon and its Still Not Fixed. Gee) [xhibit X and X-1

(35) Cell Temperture, Need the Heat on! (See) Exhibit y and (y-1)

Eight

difference to the Serious Medical Need of plaintiff and Wantonly and intentionly infliction of pain. They denied him the proper pain Medication, 8th Amendment to the Constitution Violations.

(37) Medical Staff Defendants Names herein Were and are of Medical Malpractice Under Arkansas law.

Of Americans With Disabilities Act, (Federal law) and Corresponding State policies groverning treatment of the Disabled.

Whereby, due to afore Mentioned Extream Cruelty, plaintiff herein humbly prays the Court grants' Reliet Requested.

I declare Under penalty of perjury (18 U.S.C.\$ 1621)

that the fore going is true and Correct to the best

of my Knowledge, Under Standing and belief.

Executed on this 9th day of January, 2020.

Willie Starr

ADCH 109194

Signature(3) of plaint: 476)



VIII.	Relief	"Also," de liberate indifférence - Violation of the Eighth Amendment of the Constitution:
		Amendment of the Constitution.
	State bri	
astalla	no cases	or statutes. money Danayes!
Bland	Com	pensation damages and punitive damages.
(Drei	penSation damages and punitive damages.
(£	DeCI	aration commenced and the second
		Lice Relief Section Attache
		Page (-8-2) and (2012)
I decl	are under	penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.
i uccia	are under	penalty of perjury (18 0.3.C. § 1021) that the foregoing is true and correct.
	Execute	d on this 9th day of January, 20 20.
		Willie J. Starr
		Willie I starr
		ABC# 109194
		Signature(s) of plaintiff(s)

(1 and 2) Relief pages

9). All defendants Share in Cost of this law Suit.

10) Any additional Selief the Court deems Just, proper, and equitable.

1), plaintiff Request Declaration for Judgement in the form of a Declaration that Actions of Defendants Alleged here. In Violates the Standard Amendment of U.S. Constitutions, Rights to be Free from Cruel and Unusual punishment.

Willie J. Starr Varner Unit (USM) P.O. BOX 400 Grady, Arkansus 71644) Respect fully Submitted, Willie & starr ADC # 109194

I declare Under penalty of perjury (18 u.s.c and 1621) that the foregoing is true and Correct.

Executed on this 9th day of January, 20 20.

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM:
	Restrict from assignment requiring strenuous physical activity in
	excess of hours per day. Allow 10 minute break after each hour.
	Restrict from assignment requiring prolonged crawling, stooping,
	running, jumping, waking, or standing, in excess of hours per day.
	Allow 10 minute break after each hour.
	gig Restrict ກັບການ ການສະຕະກະ . ລົງutring initing or neavy materials in
	excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 -	To minute break at a caer nour.
LIMITATIONS:	INMATE REQUIRES:
	Bed Rest days. Reason:
	No Duty days. Reason:
	No Yard Call days. Reason:
	No Sports days. Reason:
	One Arm/Hand Duty days.
PART 3 -	Discord Amphana Daty
AUTHORIZATIONS:	INMATE IS AUTHORIZED TO:
A01110112711201101	Report to the Infirmary for Special Treatments()
	Soak:
	Exercise:
t.	Other: lower tier/lower bunk
	Bathe in the Infirmary
	Sitz Bath
	Cast
	Acceptance of the second secon
	Other: xtra bankets(2) xtr pillow(2)xtra matresses
	Have in Possession:
	Cane
	Crutches
	Brace: (describe briefly) Back, Knee
	Prescribed Footwear: sz. 12 medical shoes/boots
	Orthopedic Appliance: (describe briefly) sz 12 insoles
	Other: double cuff per ADC policy
*	Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Lin	nitation(s)/Special Authorization(s) Starts: 03/02/2016 04:58:00 PM
	nitation(s)/Special Autobrization(s) Ends: 03/02/2017 04:58:00 PM
$\alpha \sim \alpha$	Name: Starr, Willie J.
	DOB: 05/26/1966
HIXILL I	ADC#: 109194
Christal Haskins Walker	
Cinistal Haskins Walker	
Distribution: Original - Medica	al Jacket

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ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM:
	Restrict from assignment requiring strenuous physical activity in excess of
	hours per day. Allow 10 minute break after each hour.
,	Restrict from assignment requiring prolonged crawling, stooping, running,
	jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
1	
	lbs; and/or overhead work in excess of hours per day. Allow 10 minute break
	after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES:
`	Bed Rest days. Reason:
	No Duty days. Reason:
	No Yard Call days. Reason:
	No Sports days. Reason:
	One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO:
	Report to the Infirmary for Special Treatments()
	Soak:
	Exercise:
	Other:
	Bathe in the Infirmary
/	Sitz Bath
i /	☐ Cast
	Other:
	Have in Possession:
	The state of the s
	Cane
	Crutches
	Brace: (describe briefly)
	Prescribed Footwear:
1	Orthopedic Appliance: (describe briefly)
	Other: BACK BRACE
	* Go to Dining/Pill Window/Shower Only
\ ,·	ation(s)/Special Authorization(s) Starts: 03/29/2017 03:49:00 PM
This Medical Restriction(s)/Limit	ration(s)/Special Authorization(s) Ends: 04/29/2017 03:49:00 PM
	Name: Starr, Willie J.
amanda R. An	DOB: <u>05/26/1966</u>
Working C.	ADC#: 109194
1	
Amanda L Gray	
Amanua L Gray	
Distribution: Original - Medical 2	Jacket



Exhibit A-2"

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. Restrict from assignment requiring prolonged crawling, stooping,
	running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
	Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES:
	Bed Rest days. Reason:
	No Duty days. Reason:
	No Yard Call days. Reason:
	No Sports days. Reason:
	One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO:
	Report to the Infirmary for Special Treatments()
	Soak:
	Exercise:
	Other: lower tier/ lower bunk
	Bathe in the Infirmary
	Sitz Bath
	Cast
	Other: xtra blankets(2) xtr pillow(2) xtra materess
	Have in Possession:
	▼ Cane
	Crutches
	Brace: (describe briefly) wrist,knee,back
	Prescribed Footwear: sz. 12 medical shoes/boots
	Orthopedic Appliance: (describe briefly) sz 12 insoles Other: double cuff per ADC ploicy
	F - M (summarisement)
	Go to Dining/Pill Window/Shower Only
	nitation(s)/Special Authorization(s) Starts: 04/06/2015 02:37:00 PM nitation(s)/Special Authorization(s) Ends: 04/04/2016 02:37:00 PM
	Name: Starr, Willie J.
	DOB: 05/26/1966
	ADC#: 109194
Dianna L Locklear	
Distribution: Original - Medica	al Jacket

"Exhibit-B"

ADC HEALTH SERVICE REQUEST FORM

MSF-202C revised 2013

Name (Last, First, MI):	Al Al	DC #: Date of birth:	Barracks: Date of Request	
Start Willia		19194 5-26-66	Cell-18 05/17/	2019
Job Assignment:		1 2) A)
Description of the problem:	Vecal ocun me	ds ReNewed 7	Muscle Relaxers	HSprine
Tom hailing 1st	m. I e		Made Con Ace	1
Legeneration be treated for the above a	problem Lunderstand that in according	NAVAS Cool FEET DES	actions policy i will be charged for be	olthogra convince through
I consent to be treated for the above p deductions of applicable co-payment cl outstanding debt	harges from my resident account,	, and that if i have insufficient funds to	o cover the charge, the amount of the co	p-pay will be set up as ar
	111/1/201	1	20/12/2010	
INMATE'S SIGNATURE:	Millag.	DATE:	05/14/2019	
*********	17	OR MEDICAL USE ONLY	*********	*******
	7	i P O		
FA	CILITY NAME:	V 5 60 1		
PRIORITY 1: See within 24 ho	ours- emergent need	PRIORITY 3: See within	72 hours- routine request	_
PRIORITY 2: See within 48 ho	ours- urgent need	PRIORITY 4: Faceto-fac	ce vis(t hot needed; respond to re	equest in writing
DATE TRIAGED 5-18	(19 7014 000 0	11 11.	10 N	1 Ans
DATE TRIAGED:	(IRIAGED B	Y: (NAME) / J (LIME)	(TITLE)	7710
	If the EHR is unavai	lable, enter nursing sick call not	es in this area:	
Vital Signs: BP	Pulse	Temp ·	Resp	Wt
Protocol Used:				
Subjective:				
• . I	- is too so	on to refil	1 pain meds	
Objective:			1	
		`_		
Plan: /	1			
	1/21/4/ 18	\$ 1/1/2 \ \ \		
Education:	/ V(V(1) 1)	ws/		
		ws/		
Refer to: [] Physician	[] Mid-level	[]Mental Health	Dental [] Other (List):	
Medical Staff Name:				
Medical Staff Signature:		Title	Date/time: Unit	
Inmate Name:		ADC #:	Date of Birth:	

Spart

	Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 24/of 1/06_/
	Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 24/of 106-/
	If your medication is not available please complete this form
	and drop in sick call box. (There is no charge for using this form)
	·
	To: DON/ADON From: Inmate Name 11/1/16 Starr ADC# 109/94 Bks. ISO/ (Cell#)
	From: Inmate Name 11/1/19 Starr ADC# 109/79 Bks. 2001 8
	Re: Medication not available (2)
•	Muscle Relaxers Asprins
	Please list all medications that are not available.
. (Bucloten - Muscle Kelakers
	1 Asories (These time pain meds has expired and
	I need them renewed to help with pain
	Your medication is available for you to pick up at the pill window. Your medication has expired and you will be referred to the MD/ANP.
	☐ A verbal order was obtained to restart your medication.
	Your medication is available and will be delivered to you.
	You received your medication on, and it is too early for it to be reordered.
•	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
	Other:
	You have been referred to the provider - associated
ר	To: Inmate Name ADC# Bks
F	From: Infirmary Staff's Signature Pate: 105
D	Pate:

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

Т	To: DON/ADON 11/14 (C)	
F	From: Inmate Name Willie J. Starr ADCH 109194Bks. ISO-1/#9	
D	Date: 06/04/2019	
R	Re: Medication not available	
	Hemorrhoidal Ointment	
4	(CINOII POLICICI CINIMENT)	
P	lease list all medications that are not available.	
7	Tember lander of land notarion	10-1
4	his Mulication do not Expire, it does Not DC (08/07/20)	170
	Which Means I have a two More Tetills before I have	10
_	2 11 so we have the first the state of the s	
<u></u>	ee the provider, please reader this Hemorrhoidal Dint	ment /
-	The section below is to be completed by medical staff. Check appropriate box (s)	
0	Your medication is available for you to pick up at the pill window.	
IJ	Your medication has expired and you will be referred to the MD/ANP.	
0	A verbal order was obtained to restart your medication.	!
	Vous discission in 1911 and 19	
	Your medication is available and will be delivered to you.	:
O	You received your medication on, and it is too early for it to be reordered.	;
[]	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.	
[]	Other: YOU have he have refull you will need to	
	utilize your sick Call process, med expires on 6-7-19	į
	anne four side con process, was expired on a mil	
		!
o:	Inmate NameADC#Bks	
rom	n: Infirmary Staff's Signature Completion	
oto:	J	. i
ate:	T Went through Sick Call onl	She
·		id.
	Still did not ReNew Ointment !/ ws	

To the Heal	y-00064-JM Dogumer The Care TOMI	t 2-1 Filed 01/15/20	Page 26 of 10	8,4°C-
(, , ,) 70 7	nfirmary Marie Re	anager! quest Form	Wed!	
-Keavest		(11/20.	
	nates to contact staff concerning issu esponse to your request. This is the \			receive a
Name // Strift	ADC#: 199194	Barracks: TSD1/Cell	Date: (0/20)	2019
	1 1 2 8 1 2 1	1	Healt	14
Staff Directed to:	e Administiator	Office:	Promini St	rotor
My Request is directed to the follo	owing area: (Check one)		<i>y</i> (<i>x t</i> -1 <i>t</i> 1 <i>t</i> 1 <i>t</i> 2 <i>t</i> 1	94 (7)
□ Chaplain	□ Classification	□ Commissary	□ Deputy V	Varden
□ Food Service	☐ Hobby Craft	□ Laundry	□ Library/L	aw
□ Mailroom	□ Medical	□ Mental Health	□ Parole	
□ Property '	□ Records	□ SATP	□ Security	
□ School	Usitation visitation	□ Warden I hook a fall in the	C-11 112:41 G	Other Matio Nelson) I pu
Give a detailed reason for your red	sy and was junofed un	til 5-26-19, When M	ly back begin	hurting again, ZW
Seen OA 5/29/19 Low /	Norse Gave Measprins	I Continue to hurt So	DI piet in Sick C	took the Ball for
me Alesso Al Il	thing in my lower pa	of of my body I f	iles seen by Lo	N Jones cent the ADD
She unula not See M	e. That was the thi	nd time She has deni	ed Me Medical	treatment She
Violeting My Eighth Hi Have you spoke to any staff about	menament Right to Mea your request? If Yes, whom did you	dical Health Cate, during speak with and when?	e to an old gr ieg TO SPA cols	She has acceinst me. Whom Carried m
to Sick Calls a	ed the One Doctor	- Call Where I 1	ikes Innoved	by Ms Bland out
Was Not given a	ry Medical treatme	ent Mil	The Son Free	
	,	Inmate signa		Date 6/20/19
Staff Responding:		Date:		
Response:				
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			Other	<u>/</u>
	MC NO	DNOT ON		L .
			Sheen	() () () () () () () () () ()
I am referring this to:	<i></i>		Juig (
Cc:				9ne
and the second s		0. (0	6:	
		Staff Member	Signature	Date
Inmate File				(11)
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ZE CC		(1)0P(2) Copy)		
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2	X his Case 4-29-cv-00	064-JM Document	7-1 Filed 01/15/20 The Care 120	Page 27 of 106 1 Mini Strator	//
(101 Peque	(2) ost for Interveiu	To. Infi.	Request Form	ager. Mei	diccel)
			es they may have You should all /arner/Varner Supermax's in-hous	ow five(5) working days to receivea se form.	
	Name: Allie Starr A	DC# 199194	Barracks: 1 Cel	Date: 6/20/2019	,
	Staff Directed to:	1///10//	Office:	Health 1	
	Mealth Care F	tamini Strator	1110	HAMINI STY	20 P
	My Request is directed to the follo		G. C	Donnt Wooden	
	☐ Chaplain ☐ Food Service	 ☐ Classification ☐ Hobby Craft 	□ Commissary□ Laundry	☐ Deputy Warden ☐ Library/Law	
	☐ Mailroom	Medical	☐ Mental Health	□ Parole	
	☐ Property	Records		☐ Security	C
	□ School	☐ Visitation	☐ Warden	Other ,	Witness
:	Give a detailed reason for your req	uestON, 5/21/19, I	took a fall Which	messed up my boc	KYM. Nelson
	with gave me floring. I come the floring of the flo	nhave to hurt So I for ok that this lisit I swelened . She Si Uas her third tim	Old in SiCK Caff le 2- and Condon't feel Not MS Bland Was Call atal that She had a e dening Me Medica lid you speak with and when? She has against W	IIIII Andr	By Andhor Sicki ine, I Was Sex he Newled to be got and Wash I besogallowed
	Staff Responding:		Date:		
	Response: Use were see by medical indication face to so	4 prouvale	1 on 6/10+6/2	21. There is 4 h	D —
	I am referring this to:		\$	Staff Member Signature	4/25/19 Date
(3/5)	Inmate File		(1) of (2)		

2

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Case/4:20	-cy-00064-IM pacylment	2-0 /Filed 01/15/20	Page 28 of 106	,
of 2) To Inte	ntilmary Mana	ger / quest Form	Med	di Ccel)
	nates to contact staff concerning issues the esponse to your request. This is the Varner			
Name: 19, 11: E Stan	a ADC#: 109/94 E	arracks: PD-1/Cell8	Date: 6/20/	2019
Staff Directed to:	Carc /WMINISTIATOL	Office: H. Care	Administrate	
□ Chaplain	□ Classification	□ Commissary	□ Deputy Warden	
☐ Foodservice	☐ Hobby Craft	□ Laundry	☐ Library/Law	
☐ Mailroom	Medical	☐ Mental Health	□ Parole	
□ Property	Records	□ SATP	□ Security	
☐ School	□ Visitation	□ Warden	J Count Letel K	00 8/1
Officer's Whom	ut your request? If Yes, whom did you spect took Me to Sick Ca to go to But letes I l'eal treatment	ells and the O	ne Doctor Cali Inmate Signature	that I Stewn Date 6/20/19
Staff Responding:		Date:		
Response:	An K	e Spone	ce/	
			6	
I am referring this to:		<i>V</i>		
Cc:	and the same at			
Inmata File			Staff Member Signature	Date
Inmate File		(a) non)		
8		(2) or (2)		
•	m	(2) of (2) 1 Coxy)		

One I wrote (4) Requestion 2-1, Filed 01/15/20 Ragings of/106 Washing ten	
on 06/28/2019. The First one Was asking her and the Classi	-
Fication Committee to Inmate Request Form Send Me to a handilopped Unit Until I had received the project Medical treatment. This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) warking days for response to your request. This is the Varner/Varner Supermax's in-house form	2
Name: Willie Star ADC#: 109194 Barracks: 1-20511 Date: 06-28-2019	
Second one was letting them Know that I had not had a Shower in like &8	:: }
My Request is directed to the following area: (Check one) wand a Wheel Chair because I had host th	
My Request is directed to the following area: (Check one) Cours and I needed a Shower Chair and Wheel Chair because I had Jost the Chaplain Cha	
1 TI 1 and 1005 Tiest plan Begging them to have Mirror on mead to look	R Y
Third one leas Just plan Begging them to have Murcey on measel to look in the my problem and help me figure out what to do about getting the Med. To my problem and help me figure out what to do about getting the Med. Visitation Visitat	ئے
Warden Warden Other	ų
The five a detailed reason for your request fourth one los begging them to make Medical giv	£:
Mr. the proper freitment I needed OR) Send me to a Unit	
Ith to T Call Felice the transfer	
Where I Covid Teceive Man Treatmens.	ک
I Written to the Director - Wendy Kelley about My Health problem. I written to the Director - Wendy Kelley about My Health problem. Thave you spoke to any staff about your request? If yes, who mind you peak with and when? and my Dis problem. The Cook of the Meint Health day of The Sock to Set Refler in the ball.	_
$ \qquad \qquad$	2
Tomile to 1+ ist of netron with to an homer strick Miller of	1
Ispoke to Lt. Washington white on honger Strick: Utilie story	
Staff Responding: Date: Response:	
- MARCADONCO	
I am referring this to:	
Cc:	
Staff Member Signature Date	
Inmate File The things in part that Was Said in the (4) Requestion Confirmed the Classification Confirmed the Precion of the Prec	la =:
625 Carrie of the things in fact That was said in the Charge	°57
"D" COPYS I I M Fill ching ton and the Classification Com	M
of for Inter Views to 1115, 1, washing his for - Ma 12 A Kalle	1.
Mittee: 19180 the thes Written to the Wirecon = 1115 wenny heller	//
11 1) a la l	

Page	Case 4:20-cv-0	00064-JM Docum	ent 2-12 Filed 01/15/29	Page/30 of 106	
Pag.	of (2)	10. Tean	Manager of	2	
(1)	I Do Interview	To Latir	mory manager	- mala	
Reques	Thomas		Request Form	Medical	
nego (Seconset)		-	0111	
	This form is to be used by ima	ates to contact staf concerning sponse to your request this is to	issues they may have You should allow the Varner/Varner Supermax's in-house for	five 6 worthing days to eccive 6 - 4	!
	Name: 1/6 Starr	ADC# 109194	Barracks: // Cell 20	Date: 07/07/2019	
		0 H	105 11 11 0	$-\Delta I$	
	Staff Directed to:	Jarrer.	Office: /tea/th Ca	re Haministrator	. k.
				Tam in.	0
	My Request is directed to the following Chaplain	☐ Classification	☐ Commissary	Deputy Warden	50
	☐ Food Service	☐ Hobby Craft		Library/Law, Milliam Jai	N
	□ Mailroom	Medical	☐ Mental Health	Parole Its become	a
	☐ Property	. Records		Security part of me	
	□ School	□ Visitation T North to	Know what is protoc	Cal here at this Unit, I	7
no calu	Give a detailed reason for your r	1	nan Inmate is ini	eradual there is this me	ich
welling,	there should be son	ne X-Rays Foken e	I have been Study Sug	elling Sence 06-18-19 When I	Those
14 FOUT	The tall it was offore	MS posker ON O6:	21-19 Mr. Smith Plan	ison me X-Bays On My Back	12
driny Kn	ee and I got Nothing	In. / IAD	hing for the pain, A We	rek Went by OHI SOLO MY Sm Dog of Nothern 1 T. Hove h	Th
pin on	Have you spoke to ay staff abou	it your request? If yes, whon	n did you speak with and when?	gam Horning 17 5 hours	1
1 Stright	Painter (50) days,	Ive been prov	mised X-Roys for the	e past(18)days; the [10[3es	ms
ild mg	that the X-Ray Main	has Shown up	the past two wedness	days) Willie stan 07-07. The Signature Date Date of My S	-19
'datei	e) X-Rays ad lett	o on To st not	insarta to Laill	nate Signature Date	31.5
y his I	Staff Down ding	DEG LS IT IOF	Date:	1. 1. 10se The Use gerny A	digi
	Staff Responding: Response:		Date.		
		a h N. Ca	-11- on Warling	128/19 regarding	
				are us the wheel	
	IMENT. Provide		Lhorized-bond	, , ,	
	medically d	0		etilize the	
	sick call (<u> </u>		
	I am referring this to:			γ	
	Cc:		X	7/9/19	
		_	Staf	f Member Signature Date	
	Inmate File	· //	· // /		
(1)		1/2 X	-/Coul		
" J.NO	5	110			
:CC			,		
		1900	111		

Exhibit D

SUBJECT: Diagnostic Services No. 515.00

PAGE 4 of 4

Medical Department Notification of Diagnostic Test Results

Inmate Name Starr, Willie
ADC Number 109194 CB / 120
This is to inform you that we have received the results of the following diagnostic test:
EKG: LAB: X-RAY: \(\sum \) Ultrascund: Other:
Performed on: 07/11/2019
Based on the result of your test, you will be scheduled for follow-up with a physician or mid-level practitioner within five working days of this notice. Please check the daily Lay-in list for this appointment.
Based on the result of your test, there is no clinical need for follow-up at this time. To discuss your test results with a member of our health care staff, you may submit a Sick Call Request or request for interview with the Health Services Administrator.
Lab work was drawn for pending chronic care visit, the result will be discussed with you during your next chronic care visit, unless determined to be critical by the provider.
There will not be a co-pay charge for a scheduled follow-up or a request for interview initiated by you regarding the result of the diagnostic test noted above.
Signature of Physician or Mid-level Practitioner
Date Copy to Inmate Copy to Inmate EMR Was Nothing Wrong With My back and he Saw no Fracon for a Wheel Chair ON Shower Chair.
Copy to Inmate EMR Was Potling Wrong With My back and he Saw no
Pason for a Wheel Chair OR) Shower Chair:

(I)

ADC HEALTH SERVICE	ase 4:20-cv-0006	Part Docume	nt 2-17 File	d 01/15/20	Page 32 of MSF-2022	106 Jan 1013	G
Name (Last, First, MI):		ADC #:	Date of birth	Barrac		ate of Request:	4
Star 10:11	E J	109199	5-16-6	6 1-	-20	07/18/2019	2
Job Assignment: On /	my last Visit	to Chronic	Care M.	s bland die	Inot ord	ler my Creat	7Z
Description of the proble	em: Hemorrhoid	dol Dintme	nt for 1	3) thre M	onthis like	Ke its USCly	
done She On	y Ordered one	tube and	Ive FUN	Dut and	Can't get	another	
One With out I consent to be treated for the deductions of applicable co-pay an outstanding debt.	above problem. I understand	that in accordance with the account, and that if I	the Department of have insufficient fu	Correction's policy, I vands to cover the charge	vill be charged for inge, the amount of t	nealthcare services through he co-pay will be set up as	200
	111.7/2-1	1		7/18	19019	;	
INMATE'S SIGNATURE:	<u> </u>	#*********	DATE:	*******	*******	******	
	-	FOR MEDIC	AL USE ONLY				
	FACILITY NAME:	Varner		it.			
DATE REC	CEIVED BY MEDICAL DEP	r: 7-19-	19				
PRIORITY 1 :See within	24 hours- emergent ne	ed 🗆 PRIORIT	Y 3:See within	72 hours- routine	e request 🗆		
PRIORITY 2: See within	48 hours- urgent need	□ PRIORIT	Y 4: Face-to-fa	ce visit not need	ed; respond to	request in writing 炬	·
DATE TRIAGED: 70	TRIAG	ED BY: (NAME)	Myser	NW)	(TITLE)_	(pn	-
•	If the EHR is	ınavailable, enter n	ursing sick cal	I notes in this are	ea:		
Vital Signs: BP Protocol Used:	Pulse		Temp		Resp	Wt	4
Subjective:							4
Subjective.	n 6 61		. A				
Objective:	OLU DINH	ment L	1 200	eorder	20		_
Objective: 9							
Assessment:							\dashv
	A/			1)		
Plan:	/ Vever	' GOT	4	re ()	ntme	at /	
Education:				ws	14740	•	1
			1				
Refer to: [] Physician	[] Mid-level	[] Mental H	ealth	[] Dental	[] Other (Lis	rt):	
Medical Staff Name:							
Medical Staff Signature:			Title:	Date/time:	Unit	:	+
Inmate Name:			ADC #:	Da	ate of Birth:		



Inmate Name:

()	If your medication is not available please complete this form
	and drop in sick call box. (There is no charge for using this form)
	To: DON/ADON From: Inmate Name \(\ldots \l
	Please list all medications that are not available. Ms Show! Usch Order it for a B) Month form, had we fon Ows last. Chronic Care Visit She Only experted One tube of She Wood Usch Order if for a B Month period and not Isst one month, I Need the Cream Problem May be its time for another Hemorrhoided Surgery and May post to Uill get it this time and she my Hemorrhoided problem then I want have to Keep Begging Bland to recorder the Ointment.
	Your medication is available for you to pick up at the pill window.
**************************************	Your médication has expired and you will be referred to the MD/ANP. A verbal order was obtained to restart your medication.
	Your medication is available and will be delivered to you. D You received your medication on , and it is too early for it to be reordered.
	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
	Pending Providents Approval
To	14.0111
Da	Infirmary Staff's Signature Awilliam, Upo te: 07-16-19 Weyer Got Oin

Case 4:20-cy-00064-11/1 Document 2-1 Filed 01/15/20 Page 32 of 106 101 E-2

ADC HEALTH SERVICE REQUEST FORM

MSF-202C revised 2013

Name (Last, First, MI):	A	DC #: Date of birth	: Barracks:	Date of Request	
Star Ulillie	J. /	109194 5-26-6	1 1-20	08/04/2	2019
(1)		. 1	(2)	/ /	
The prin	in my Back	s five times Wo	rse My le	gs hurt to	the point
Description of the problem: Z(Can't get up	Diet of And I Cont Move for a Co	get a beal S	hasp fain in	my bukth
Back and leas decide	s to release Sla	wolv! then I Can	net us Sloisly	I Still Can	+ Stairl woll
I consent to be treated or the above pro deductions of applicable co-payment chan outstanding debt If Gov Know	ges from my resident acqoun	t, and that if i have insufficient fu	nds to cover the charge	the amount of the go-p	
INMATE'S SIGNATURE:	Wille V	Hain DATE:	08/04/2	019 thing	11
********	******	*********	****	******	*********
	F	OR MEDICAL USE ONLY			
FAC	ILITY NAME:				
PRIORITY 1: See within 24 hour	rs- emergent need	PRIORITY 3: See wi	thin 72 hours- rout	ine request \square	
PRIORITY 2: See within 48 hour	rs- urgent need \square	PRIORITY 4: Face-to	o-face visit not nee	eded; respond to req	uest in writing 🗆
DATE TRIAGED:	TRIAGED E	BY: (NAME)		(TITLE)	
	If the EHR is unava	ilable, enter nursing sick cal	l notes in this area:		
Vital Signs: BP	Pulse	Temp	Re	sp	Wt
Protocol Used:					
Subjective:					
~	•	<u> </u>	•	`t <u>,</u>	• n
Objective:	\mathcal{A}			\wedge	
Plan:	18	Kesi	me		
Education:	<i>t</i>		Ą		
Refer to: [] Physician	[] Mid-level	[]Mental Health	[] Dental	[] Other (List):	
Medical Staff Name:					
Medical Staff Signature:		Title	Date/time	: Unit	
Inmate Name:		ADC#	:]	Date of Birth:	

(51) NB 45 Copy

	Cage 4.20 cv 0	0064-JM Document	2-1 Filed 01/15/20	Page 35 of 106	1/23
	lo Health	La Caro /Som	ice Adminisi	Hostor	103
	Sondi	ra	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100,00	1 .
	Mc park	(P)	·	Exhib	L'I'C
	(175, 1957)	Inmate	Request Form	ENNI	911 6
			•		•
	This form is to be used by in	nates to contact staf concerning is response to your request this is th	ssues they may have You should all e Varner/Varner Supermax's in-hou	ow five(5) working days to rec se form.	ccivea
					• •
	Name: Willie Start	ADC# INGIGU	arracks: 1-20	Date:	1.0
	(V) I've STUIT	101/1/	120	1 00/04/20	77
		0 . Ann			
	Staff Directed to:	Sondra	Office: 11 1/1 0	. 1/1	, ,
	[///S. /c	Jar 1881	Tealth Sel	Vice Hominist	reitor
	My Request is directed to the fo		• .		
	Chaplain	Classification	. Commissary-	□Deputy Warden	•
	. D Food Service	☐ Hobby-Craft		☐ Library/Law	
•	☐ Mailroom	El Medical	☐ Mental Health	☐ Parole	•
	☐ Property	Records	□ SATP	☐ Security	
	D Sahari	C Minitation	D Wander .	Other	
	Give a detailed reason for your	request: I have Dut	in Sick Calls on	07/29/2019 - But	It was
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one si		MS Bland has done to		nedical attention	T News
as Nas	d Crowell: But also	I Need on MRI.	I Cont get but of L		Back and le
upad	I Cout Move Until		es to selease Slavely. Evaluate ad treat	Ms parker The Pik	833 Shok
T No	Marain Confort With	WIKUITICI MOIT TO	GYLLUKUR GALTICOT	My Soinvioine Wi	MOUT WO
10 100	been able to Walk Se	1ce 06/18/2019 ad	all Ire ootten is Di	scriminating the	otment I
ie not	Have you spoke to any staff about	nce O6/13/2019 and ut your request? If yes, whom	did you speak with and when?		otment to
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ic not ng Di nota	Have you spoke to any staff about	ut your request? If yes, whom	did you speak with and when?	11/200	otaent ti o for thre
ada Disci	Have you spoke to any staff about the spoke to any s	ut your request? If yes, whom A NWSE LPN Jone Collection that I Can't Ude from them book	did you speak with and when? S. Two been Under USE, and a Rocial the neighter one fin	11/200	of for three
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Mamou)

Ms. Sondry parker Inmate Request Form

This form is to be used by irmates to contact staf concerning issues they may have You should allow five(5) working days to receive response to your request this is the Varner/Varner Supermax's in-house form.

My Request is directed to the following area: (Check one) Chaplain	g area: (Check one) Classification Commissary Deputy Warden Library/Law Medical Mental Health Parole SATP Sick Call On 07/34/2019 But in Sick Call On 07/34/2019 Rease in the Stand Land Of faulting anyther for What Mis Blades and MRL. I Can't get out of bed Someones My fack as in the same than the same and	My Request is directed to the following area: (Check one) Chaplain	My Request is directed to the following area: (Check one) Chaplain	The second of the following area: (Check one) Chaplain
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T Nand and MOT it 1841 Chan the making of the	Show the problem. But Inmale Signature Date	I Need an MRI, it will show the problem. But Inmate Signature Date,	I Med an MRI, it will show the problem. But Inmate Signature Date: Staff Responding: Date:	Staff Responding: Date:
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	To	Case A:20-cy				ep 01/15/20	Agent 3760 1100	times before	Leve.
CV	hib)	('		<i>parkel</i> nmate		st Forma	JONN JONNEY (et Novi I ne	ril to
ZN		form is to be used by in				ay have. You should a rner Supermax's in-ho	llow five (5) Working days	to begive of	5 A P
	Name:	Ville Starr	ADC#://	9194	Barrac	cs: 1-03	Date: 08-09	9-2019	
	Staff Dire	cted to:	ondra lowing area: (Dar So	Office:	Health	Care Halm	'n' Strator	
	0	Chaplain	0	Classification	C	Commissary	□ Deputy	y Warden	
		Food Service		Hobby Craft		Laundry	☐ Library	/Law	
		Mailroom		Medical		Mental Health	□ Parole		
	0	Property		Records		SATP	□ Securit	у	
		School	٥.	Visitation	. 0	Warden		Other 14 L	elibat
a I made land		tailed)reason for your r	equest: White	in I first i	Met Wr. Si	nith on 06-2	1-19 heplomisa	Luc Herk	ressisti
jet me buch	t Was	two Months	go; cell	IN goth	in is in les	of talkard	promises One	AxKX-Ru	y) an
Dills that	yent ei	ven help my on I Court eve	h Stand	UP, NONE	ally Show	In Me Very!	Swellen My F	te gure med	e as b
is the Figh	Keen	left feet is : to be focused	Still Swa	OF MY	Medica	Men Stopt	t He Say Ficus	e on my ba	ck fir
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	Inma	ate File	·					•	

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Case 4:20-cv-00064-JM Doeument 2-1 Filed 01/15/20 Page 38 of 106

Inmate Request Form

EXhibit E-6

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

			1 i	, ,	
Staff Directed to:	1 M Smith	Office:	prtel	Office	
My Request is directed to the f	ollowing area: (Check one)		(
□ Chaplain	□ Classification	□ Com	missary	□ Deputy V	Varden
☐ Food Service	□ Hobby Craft	□ Laun	dry	□ Library/L	aw
□ Mailroom	Medical	□ Men	tal Health	□ Parole	
□ Property	Records	□ SATP	•	□ Security	
□ School	□ Visitation		den	0	_Other
Give a detailed reason for your	request:	i matino Da	16-21-19	ing Nont	al no
a Spine Shot of.	Some Scally Strang	Medication they	Lucy Said L	Birld likely	help
my leg Weaknes.	s; Well Sir Jam	Still Willing to	give the.	Shot a tip	Beclivse
OS OF Fight NOW	Fret of Still S	Bolled and Mu	My legs and	Tectso to	of still
Tight Knee . Lan	Williso to try a	nything But this	doing Noth	na is not a	Sing to
help Me heal, So 1	tell me how much	William Dan Wal		to select s.	?
Have you spoke to any staff ab	out your request? If Yes, whom	n did ou speak with and wh	ent Its been	(59) Augs S	ence yo
I Nevel Some he	Into the fort to	What come on	With mes	brok and to	enc
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in Soul Mater Ser.	the Orthopedies)	Dr. Butnurd Crowel	11	•	
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	offully he Can Fix		211 Weeks	again:1	
Staff Responding:	,	/ Date:			
		/ Date:			
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Staff Responding:		Date:		_/	
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Staff Responding:	10	Date:	ohce/		
Staff Responding:	16	Date:	ohce/		
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Staff Responding:	16	Respo	opce /		
Responding: / / Response: am referring this to:	10	Respo	ohce/		

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Case 4:20-cv-00064-JM/ Document/2	-1 Piled 01/15/20 Pad	ge 39 of 106 1 h.h. + 5-7
ADC HEALTH SERVICE REQUEST FORM	ON OH My W	MSF-202 C revised 2013
Name (Last, First, MI): ADC #:	Date of birth: Bar	racks: Date of Request:
Star Will J. 109194	5-26-66	1-03 08/17/2019
Job Assignment: please people Somethings	Yery Wong With	me Atonly clo I hav
Description of the problem: One leg-knee-15 Sta	Josten Now Do	the gold often
adi 1 6015 11 16 114 Delly 15 100. 1	Carl pace 20 17	THUSE DE INY MUNICY'S
I consent to be treated for the above problem. Y understand that in accordance we deductions of applicable co-payment charges from my resident account, and that an outstanding debt.	nad Condition 1) echicles to the Department of Correction's policy of I have insufficient funds to cover the condition of the	The state of the second
INMATE'S SIGNATURE: Mille Stan	DATE: ************************************	**************************************
	ICAL USE ONLY	
FACILITY NAME: Varue	or Unit	
DATE RECEIVED BY MEDICAL DEPT:		
	ITY 3:See within 72 hours- rou	utine request
PRIORITY 2: See within 48 hours- urgent need □ PRIOR	TTY 4: Face-to-face visit not ne	eeded; respond to request in writing \Box
DATE TRIAGED: TRIAGED BY: (NAME)		(TITLE)
If the EHR is unavailable, ente	er nursing sick call notes in this	area:
Vital Signs: BP Pulse	Temp	Resp Wt
Vital Signs: BP Pulse Protocol Used:	Temp	. Resp Wt
1100, 013.101	Temp	Resp Wt
Protocol Used: Subjective:	Temp	
Protocol Used:	Temp	Resp Wt
Protocol Used: Subjective: Objective:	Temp	
Protocol Used: Subjective:	Temp ACS SAC	
Protocol Used: Subjective: Objective: Assessment:	Temp ACS/IC	Otto /
Protocol Used: Subjective: Objective:	Temp C S/C	
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Protocol Used: Subjective: Objective: Assessment: Plan: Education:	Respo	91 Cc/
Protocol Used: Subjective: Objective: Assessment: Plan: Education:	Respo	91 Cc/
Protocol Used: Subjective: Objective: Assessment: Plan: Education: Refer to: [] Physician [] Mid-level [] Ment Medical Staff Name:	Respo	Office (List):
Protocol Used: Subjective: Objective: Assessment: Plan: Education: Refer to: [] Physician [] Mid-level [] Ment Medical Staff Name: Medical Staff Signature:	Title: Date/tin	O [] Other (List):
Protocol Used: Subjective: Objective: Assessment: Plan: Education: Refer to: [] Physician [] Mid-level [] Ment Medical Staff Name:	al Health [] Dental	Office (List):

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Case	e 4:20-cv-00064-J	IM Docume	ent 2-1 File	d 01/15/2	Rage 40	6f-106	7-8
OC HEALTH SERVICE REC	DUEST FORM			•	MSF-20	2 C re	vised 2013
lame (Last, First, MI):		DC #:	Date of birth:	В	arracks:	Date of R	
Starr Wil	lie J.	09194	5-26-	66	1-03	10-0	1-2018
observation Can a	De please o	Set an	X-Ray	on M	y left i	Knee o	el leg
rescription of the problem:	My left leg	ad Kone		WI'H	any Kine	1 cgl 1	hove-
ment; There	15 Somethi	ng Very	Serials	going	On in Si	Se aft	he Knee
consent to be treated for the above aductions of applicable co-payment a outstanding debt.	problem. I understand that charges from my resident a	in accordance with ccount, and that if I	the Department of C have insufficient fun	Correction's politics to cover the	ICY, I will be charged e charge, the amount	for healthcare s	services through will be set up as
VMATE'S SIGNATURE: ************************************	1111	11cw	DATE:	<u> </u>	- 01 - 1 **********************************	019	*****
<u> </u>		, FOR MEDIC	AL USE ONLY				
FA	CILITY NAME:	Varne	r Um	+			
DATE RECEIVI	ED BY MEDICAL DEPT:						
RIORITY 1 :See within 24 h	ours- emergent need	☐ PRIORIT	Y 3:See within 7	72 hours- ro	outine request C)	
RIORITY 2: See within 48 h	ours- urgent need 🛚	PRIORIT	Y 4: Face-to-fac	e visit not r	needed; respond	to request i	n writing 🗆
ATE TRIAGED:	TRIAGED I	BY: (NAME)			(1111	.E)	
•	If the EHR is una	vailable, enter i	nursing sick call	notes in thi	is area:		
ital Signs: BP	Pulse		Temp		Resp	W	
rotocol Used:	1 0.50						
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bjective:							
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lucation:							
efer to: [] Physician	[] Mid-level	[] Mental F	lealth	[] Dental	[] Other	(List):	
edical Staff Name:							
edical Staff Signature:			Title:	Date/tir	ne:	Unit:	
			ADC #		Data of Dirth	•	
mate Name:			ADC #:		Date of Birth:		

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Case 4:20-CN-00064-JM Document 2-1 Filed 01/15/20 Page 41 of 106

Intimary Records Exhibit \mathcal{E} -9

Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name://	Illie Stam	ADC#: 109199	Barracks:	1-03	Date: 10-11	-2019
				1		1
Staff Dire	cted to: ReCo	spas	Office:	Kecords	OFF	íe l
My Reque	est is directed to the follo	wing area: (Check one)				
0	Chaplain	□ Classification	0	Commissary	□ Deput	ty Warden
	Food Service	☐ Hobby Craft	0	Laundry	□ Librar	y/Law
	Mailroom	d Medical		Mental Health	□ Parole	2
0	Property	Records		SATP	□ Secur	ity
	School	□ Visitation	, Revieu	Warden)	o	Other
Give a de	tailed reason for your req	uest: I Need	to took o	Ama Me	died To	rKet
III	Prot to Con	11 11 11	42 (P) 1/1)	Bak L	he Nich	Co's m
-M	Son	II DI	1/C	y Nach / I	k 131610	000
	opine and	The Mods of	ed Ollen.	S (IN) WINKI	au Ineg	i uic
Have you	spoke to any staff about	your request? If Yes, whom	did you speak with a	nd when?		
11/80	"I tolkal			all on 10-	-07-201	9
7	1 Course	o April Sons	07.07.0.	MILTER	2. 1	10 11 0
				much	som,	10-11-20
				Inmate signatu	ıre	Date
Staff Re	esponding:		Date:			
Respons	se:		^			/
		\checkmark	$\sqrt{}$		/	
	-	/ /	+/	1000	\sim	
			150) ()OVI	CVI	
		(0	7			
I am ref	ferring this to:					
Cc:				•		
				Staff Member S	ignature	Date
Inma	ate File		·			•

Case 4:29-cv-00064-JM Document 2-1 Filed 01/15/20 Page 42 of 106

In the Mary Section Exhibit E-10 Inmute Acquest Form Nume: 1) offe Stair HDCFF 199 Brackey-03 Staff Directed to: I Sometimes Wake up and Can not Move my lower Who did I Speak to about this request? I talked to LAN Jones, On Staff Responding:

Case 4:20-27-00064-JM Document 2/1 Filed 01/1/5/20 Page 43 of 106

Exhibit E-11

Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: A i.e. C:1	ADC#: 10 C.10.11	Barracks: 1 0 0	Date: 10	2
Name: Willie Starr	- ADC#: 109194	Barracks: 1-03	Date. 10-11-	2019
			, ,,	
Staff Directed to:	ords	Office: MeCora	d office	:e
My Request is directed to the fo	ollowing area: (Check one)			
□ Chaplain	☐ Classification	□ Commissary	□ Deputy \	Warden
□ Food Service	Hobby Craft	□ Laundry	☐ Library/l	Law
□ Mailroom	Medical	☐ Mental Health	□ Parole	
□ Property	Records	□ SATP	□ Security	
□ School	□ Visitation	□ Warden	0	_Other
Give a detailed reason for your	request: I Want to	Review Medical	Jacket,	to Sec
X Kays and D	ictures of Myc	SUIGELY. To See L	That aft	hose
Bods ad Sci	ews are attain	hed to My my !	Lody.	
Have you spoke to any staff abo	out your request? If Yes, whom did y	you speak with and when? SON SiCK Call 1 LUILL	0n 10-0 e stru	7-2019 . 10-1
		Inmate signat	ure	Date
Staff Responding:		Date:		
Response:				
	16	Re Spe)hCc	
I am referring this to:		/	0	•
Cc:				
		Staff Member	Signature	Date
Inmate File				

Case 4.20	-CV-00004-3IVI	Document 2-	I Filed 01/1	3/20 Page 4		8-12
ADC HEALTH SERVICE REC	DUEST FORM				MSF-202 C	revised 2013
Name (Last, First, MI):		ADC #:	Date of birth:	Barracks:	Da	ate of Request:
Starr Will	911	109194	05-26	-cele CB-1	03 1	0-19-19
Job Assignment: Fxt	Restriction	ie Housi	00			
Description of the problem:	1 am bo	aving ba	ck pain	leg pai	n, è, 7	elvis
baio.						
I consent to be treated for the above deductions of applicable co-payment an outstanding debt.	e problem. I understand the charges from my residen	nat in accordance with t account, and that if I	the Department of Co have insufficient fund	prrection's policy, I will be a cover the charge, t	e charged for he he amount of the	althcare services through e co-pay will be set up as
INMATE'S SIGNATURE:	*******	*****	DATE: \	<u> </u>	******	*****
			CAL USE ONLY			
FA	CILITY NAME:	Varne	r Um	+		
DATE RECEIV	ED BY MEDICAL DEPT	•	10-19-	19		
PRIORITY 1 :See within 24 h	nours- emergent nee	ed 🗆 PRIORI	TY 3:See within 7	2 hours- routine re	equest 🗆	
PRIORITY 2: See within 48 h	nours- urgent need	PRIORI	Γγ 4: Face-to-fac	e visit not needed;	respond to re	equest in writing
DATE TRIAGED: 10 - 19 -	16	l	/ / / mous	1		ihr
DATE TRIAGED: 10 //		,	- (W///WV		(TITLE)_ /	M .
	If the EHR is u	navailable, enter	nursing sick call	notes in this area:		
Vitai Signs: BP Protocol Used:	Pulse		Temp	Re	sp	Wt
Subjective:						
Objective:	have b	een plo	iced by	n the f	movid	ers list
Assessment:	1	ls i	<u></u>			
	a L	11/		1	1	7
Plan:	01	/110	110	at Me.	ht,	JUST
Education:	Nore	tal	K//	Hom	Dr.	M. Smith
Refer to: [] Physician	[] Mid-level	[] Mental	Health a	[] Dental	[] Other (List	t):
Medical Staff Name:						
Medical Staff Signature			Title:	Date/time:	Unit	:
Medical Staff Signature:			Title:	Date/time:	Unit	:



Case 4:20-cv-00064-JM Document 2-1 Filed 01/18/20 Page 45 of 106
Infirmly Copy Request for Interview If your medication is not available please complete this form
and drop in sick call box. (There is no charge for using this form)
To. (Ms. parker) HCA"
From: Inmate Name Will & Stow ADC# 109194 Bks. 1-03
Date: 11-14-2019 Re: Medication not available — (Hemorrhoidal Ointment).
Diebetic Ms. parker I was Called to Doctor Call On 11-07-19 I Sus Ms band She Readings asked me Could I was I Kad thought all she Said to me, I asked her to
11-10-19 (97) Please list all medications that are not available.
1-11-19 (104) 16 Older My Dintment, She Said it Woold Cost Me 3:00 CO for Methich She
1-13-19 (98) Shared that because my Sugar Readings has been good for a long fine now, So why of
1-14-19 () on keep laising the do sage I the never discuss it With me to let me know What go
With my headings being this low already to
Your medication is available for you to pick up at the pill window.
Your medication has expired and you will be referred to the MD/ANP.
A verbal order was obtained to restart your medication.
☐ Your medication is available and will be delivered to you.
You received your medication on, and it is too early for it to be reordered.
This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
Other:
Was no co-pay Charge, your insulin wasn't changed.
To: Inmate NameADC#Bks
From: Infirmary Staff's Signature Works
Date: 1/18/15 Thats a /e/
Date: 1/18/15 They also gove the back the 3.00 -Co pay after I filed a articlarie's on item.
Told a series on it

		response to your request. This is t	he Varner/Varner Supermax's in-hous	e form
	Name: Willie Sta	N ADCH: 109194	Barracks: /-03	Date: 12/01/2019
	Staff Pirested to: ANK	er	Office:	
	My Request is directed to the	e following area: (Check one)		
	□ Chaplain	□ Classification	□ Commissary	□ Deputy Warden
	□ Food Service	□ Hobby Craft	□ Laundry	□ Library/Law
	□ Mailroom	Medical	☐ Mental Health	□ Parole
	□ Property	□ Records	□ SATP	□ Security
	□ School	Usitation	Warden	Ge Jones LAN that I
	Give a detailed reason for you	ur request: MS Parker I	Was told by 1101 S	it nearlta Notin Sick Call
	I implore you	as (HCA) to Order to	hat I have X-Rays	done on My left Hip and
	around long en	Wight Mices Dr Sc	off Told Me ON 10-2. f.my D/oblem: Tom i	n -2019 that he Would Not D n Constant Dain in my Hid
BRE	and Knees I be	elitive that Myleft Hip not he T Chrit Steel	is out of place I to	el the tip fore in a postig
le alrea	Know I have a	hole in Spinul Corol , about your request? If Yes, whom did y	Vecd Surgery NUTE	
	To a select of any starra	1 11 1 11 + 0	111100	Call 101 a Al alace
	no del to		checluled to See L.K.	SCOTT WHO IS UNIT GOODES!
	to Order X-Ray	Nerve pain! Iam L	et Bother Mull	is star
- -	My Knees This	11 11	bearable Inmate signa	ture 12/01/2019
	Staff Responding:		Date:	
	Response:		•	
	<u> </u>	·		
	am referring this to:			
	Cc:			
		·	Staff Member	Signature Date
	Inmate File		/	.1
		1	1	? // / /
CCC				· // / /

Ca	se 4:20-cv-0006	64-JM Documen	t 2-1 Filed 01/15	/ 20	of 196
C HEALTH SERVICE R	EOUEST FORM	[]My C	-YY) 2	-X h , D. MSF-202	C revised 2013
lame (Last, First, MI):	0//0	1	. (Barracks:	Date of Request:
Starr Wi	TIE J	109194 .	5-26-66	1-03	12/09/2019
Characteristic I Ca	it Stand and h	balk because	of my left	hip bone	ritor place;
escription of the problem	and my Kn	ees has Some	thing Major	Wrong Wit	h them I Deed
an X-Ray Or	my/Hip	pint) and (Kn)	ecs) I'll Nev	or beable	to Walk it
don't act my	Hipord Kn	C_{α}	n Alsa my A	Ect Still B	Jurn's from the
consent to be reated for the ab aductions of applicable co-paymen outstanding debt.	ove problem. I understand	that in accordance with the	Department of Correction's po insufficient funds to cover the	olicy, I will be charged for the charge, the amount of	r healthcare services through the co-pay will be set up as
VMATE'S SIGNATURE:	16.16. *********************************	Arin (************************************	DATE: 12/0	09 <u>20</u>	<i>'G</i> *******
		FOR MEDICAL			i
ı	FACILITY NAME:	Varner	Unit		
DATE RECE	IVED BY MEDICAL DEP	T:			
RIORITY 1 :See within 24	hours- emergent ne	eed □ PRIORITY 3	:See within 72 hours- r	outine request 🛚	
RIORITY 2: See within 48	hours- urgent need	□ PRIORITY 4	: Face-to-face visit not	needed; respond to	request in writing
ATE TRIAGED:	TRIAG	ED BY: (NAME)		(TITLE)
	If the EHR is	unavailable, enter nurs	ing sick call notes in th	nis area:	
ital Signs: BP	Pulse	CAVE TO	emp	Resp	Wt
rotocol Used:	se Hardght See the M	POLE ON 12	1-13-2019	a Friday.	She Said
Jbjective: AVI	se Flat cigir			11 60	
The hold	See the M	ovider-11bre	low (sr) Tuesd	ay () No	Insc .
bjective:			10	h	ppened
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sessment:					
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lucation:					
Productive and the second seco					
efer to: [] Physician	[] Mid-level	[] Mental Healt	n [] Dental	[] Other (L	ist):
edical Staff Name:					
					ih.
edical Staff Signature:		Title	: Date/ti	me: Un	ilt:
mate Name:			ADC #:	Date of Birth:	• .

mate Name:

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

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spine pack
ca Separate

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form) To. (Ms. Parker) HCA From: Inmate Name Will's Stary ADCII/0919 Bks. 1-03 11-14-2019 Medication not available (Hemorrhoidal Vintment) Mrs parker I Saw Mrs Bland on Debotic Please list all medications that are not available.

Doctor Coll 11/07/2019. Shr asked Me Could I Walkard 7 Paised my Insulin again & I don't know because my Sprag has y While 30 Why Keep Taising my Dosage & Anol the had part is She never ever be to me about it, Never even letting me Know that it been raised, which Could o The section below is to be completed by medical staff. Check appropriate box Your medication is available for you to pick up at the pill window. Your medication has expired and you will be referred to the MD/ANP. A verbal order was obtained to restart your medication. Your medication is available and will be delivered to you. You received your medication on , and it is too early for it to be reordered. This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff. Other: IJ To: Inmate Name ADC# Bks. Infirmary Staff's Signature_____ Fronk

Date:

	Case 4:20-cv-0006	64-ЈМ Фосијув	ent 2-1 File 01	/15/20 Page 5	3/06/106/je/
C HEALTH SERVIC	E REQUEST FORM	(///	(CO/X)	رے MSF-20:	(1 /) / / / / / 2 C revised 2013
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	48 hours- urgent need			•	to request in writing 🛚
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to Inmate after Completion of Step One and Step Two.

EXHibit



Attachment IV

IGTT420 3GH

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-01579

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/10/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved Ms. Bland refused you medical treatment on 6/10/19. You state you need to see the orthopedic doctor who did your surgery.

Review of your record shows you were seen by Ms. Bland 6/10/19 for complaint of numbness to both legs and a request for hemorrhoid cream renewal. Ms. Bland noted, "Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only--no difficulty. he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair." You were ordered hydrochlorothiazide 12.5mg once daily and hemorrhoid ointment. There is no documentation to support you had vital signs taken for your 6/10/19 provider call

Providers are authorized to order treatment they deem medically appropriate based on their clinical judgment, including consults for outside providers. However, due to the lack of documentation to support vitals being taken for your 6/10/19 provider call your grievance has merit. Staff will be educated on importance of obtaining vital signs.

Sondia Parlar

JUL 2 2 2019

had merit!

Deputy Director

Health & Correctional Programs

Signature of Health Services Administrator/Mental Health Supervisor or Designee

Sondra L Parker

07/12/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below

why do you disagree with the response given above? I would let this go, But the ApN ms bland has been cloing all she Can to see me suffer, this personal Grifeshe has for me has Clouded any professional Judgement. This is not the first time Officer's Taylor of Set h. Smith his withnessed her mis-treatment of me'as a personer) patient and states they would be glad to withness for me. She has never once examen me and she never listen to my Complaint before she shut me up and tells the Officers. I'm through with him take him on back to his Cell. I tried to explain to her the pain I was feeling but she returned to listenced kept Cutting me Short in my speaks. Under Stand but She reference interface/interface/oclearPage.jsp/skipBod... 7/12/2019

this it you wash 1:20/ Ar GOODEN MODOCUM CONTROL DIASING Page 53 elgo Page 2 of 2 and her gridge has Caused Me Months of pain and Suffering I told her that it
ad her grudge has Caused Me Months of pain ad Suttering. I told her that it
She didn't do Some thing to help find the problem that it Would Yeard to Something much worse
T Could Break Something Che Divined and Said Well at least T Can Wilk I Can Taling MC. I.
Jown, Col Toylor Said not to Soy Mothing else, Just Write It up, So I did. It you Check Relow to 10 105 11 See that She takes everything any outside Dector presentes for me, I have Rods/Screw in my Back and the Surgen presented 2-Mates to case the pain, a back Brace and a lower Fierflow bun so I wouldn't have to climb up top and hort myself. She took every Special Restriction stript I had
100 Will See that She takes everything any Outside Dector presentes for me I have Rods/Serew
in my back and the surgen prescribed 2-Mates to case the glan, a back Brace and a lower fier/low bun
So I Coolling have 10-11mb of top test nort myself. She Took every Special Restriction Stript I had
She don't deserve to practice has Caused me months of pain and Suffer the cruige
Medicine: ADC#: 109194
Mullist Strum #109194 Date 07/15/2019
Inmate Signature

Received

JUL 22 2019

Deputy Director Health & Correctional Programs

https://eomiscluster.state.ar.us:7002/eomis/interface/interface 2 0 clearPage.jsp?skipBod... 7/12/2019 EXH, 67 63

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01579

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On June 10, 2019, you grieved APN Bland refused to treat you today. You stated you were being seen for your complaints of back pain to the point where you cannot walk without falling. You stated APN Bland refused to examine you, stated you did not need pain medication, said she would send you some hemorrhoid cream, and walked away. You stated you do not want pain medication; you want to see the orthopedist who did surgery on your back.

The medical department responded, "Review of your record shows you were seen by Ms. Bland 6/10/19 for complaint of numbness to both legs and a request for hemorrhoid cream renewal. Ms. Bland noted, "Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only--no difficulty. he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair." You were ordered hydrochlorothiazide 12.5mg once daily and hemorrhoid ointment. There is no documentation to support you had vital signs taken for your 6/10/19 provider call. Providers are authorized to order treatment they deem medically appropriate based on their clinical judgment, including consults for outside providers. However, due to the lack of documentation to support vitals being taken for your 6/10/19 provider call, your grievance has merit. Staff will be educated on importance of obtaining vital signs."

Your appeal states APN Bland has been doing all she can to make you suffer and this personal grudge she has against you is clouding her professional judgment. You state Officer Taylor and Sergeant L. Smith have witness her mistreatment of you and state they would be glad to witness for you. You state she has never examined you or listened to your complaint. You state her grudge has caused you months of pain and suffering.

As stated by the medical department, APN Bland treated you per her clinical judgment. Disagreeing with a treatment plan is not the same as receiving no treatment. I encourage you to utilize the sick call process if you feel you need further assistance for your medical needs.

This appeal is without merit.

Director

Date

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8/29/19

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	Case 4:20-cv-00/06/25/M Document 2 To Filed 01/15/20 Pag	ge 55 of 106
	(0) 100 / 100	FOR OFFICE USE ONLY
¥	UNIT LEVEL GRIEVANCE FORM (Attachment)	GRV.# 15m 6/-0/425
1	Name Willie I Starr	Date Received:
1		GRV. Code #: 200
<u> </u>	ADC# 109/94 Brks # 780 Job Assignment	
, , , , ,		Thopedics Who did the
0	(Date) STEP TWO: Formal Grievance (All complaints/concerns spo	tild first be handled informally.)
" ~	If the issue was not resolved during Step One, state why:	Aced to see the
1	, (Date) EMERGENCY GRIEWANCE (An emergency situation is one in	n which you may be subject to
\sim	a substantial risk of physical harm: emergency grievances are not for ordinary pr	roblems that are not of serious
$\langle \mathcal{N} \rangle$	nature). If you marked yes, give this completed form to the designated problem-sattached emergency receipt. In an Emergency, state why:	solving staff, who MAI sign the
V	Deputy Director	
	Is this Grievance concerning whedioch or Mental Health Services? If yes,	
	BRIEFLY state your one complaint/concern and be specific as to the complaint,	
	involved and how you were affected. (Please Print): That Tollowed promoted process of the Medical Freatment, I Went through Sick Call twice, I paid	
	(13) days to Sec ApN Bland, On OG/19/2019 Officer's Sergeout L.	
	Took me to doctor Call But) Aph Bland Tetused to examen,	1-1-
	She ignored me . I tried to act up to leave but I Coulant get i	d to explain my pains,
•	Tylor Went and got a restraint Chair to Wheel me back to me	Cells PON Bland is
	holding an old grudge against me from Tucker Max Unit	
(si	Wrong Quagnosis While She Was drunk. I told the War	ti She Can to Make me
Ĭ,	Suffer in pain. The AND 93:18 States Hot I have a	
1/2	detined as a Worsening of an Orgaing health Situation; and	
7(9	life threatening. An health Situation Causing Considerable a loosing life of limbs; In Similar Situation & Orudent Woold.	
1	tention; Sir's Tam in So much pain and I Court Stand Without	help and the falker act It
. 0:	took me way to long to get up due to the pain in my back and	ny legs
	Innalisting 06/10/2019 stary Date 06/10/	19 Wille Stan
13	If you are harmed, threatened because of your use of the grievance process, report it imm	
(\mathcal{O})	THIS SECTION TO BE FILLED OUT BY STAFF of This form was received on 6-1-9 (date), and determined to be Step One, and determi	
\bigvee	(Yes or No). This form was forwarded to medical or mental health?	(Yes or No). If yes, hame
	of the person in that department receiving this form:	Date <u>C0 3 9</u>
	PRINT STAFF NAME (PROBLEM SOLVER) FIN STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature	Date Received
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	The whole way with assist of his intellementy-howthiculty. Drie	
	Staff Signature & Date Returned CHOUP Inmate Signature & D	ate Received 6/14/10 till
	This form was received on 15 June 19 (date), pursuant to Step Two Is it an Emer	gency? (Yes or No). Date: 15 Jan 19
	Staff Who Received Step Two Grievance: Sgi. WHY Action Taken: (Forwarded to Grievance Officer/Warden/	
(50	If forwarded provide name of person receiving this form:	Date:
100	/	Goom ODICINAL Circulasi
75	DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Of to Inmate after Completion of Step One and Step Two.	nicer; UKIGINAL - Given back
	to initiate after completion of Step One and Step 1 wo.	2.52

ADCF-15 (C) www.acicatalog.com

IGTT420 3GH

Attachment IV

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-01605

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) You grieved on June 10, 2019, that you followed the sick call process twice, paid \$6.00 and waited thirteen (13) days to see Ms. Bland, APN, but she refused to examine you after being escorted by Sqt. L. Smith and Corporal Taylor. You state she said something about sending some ointment and walked away. You state you tried to explain your discomfort but she ignored you and that she is holding an old grudge against you. You state you are in so much pain and can't stand without help.

You were seen June 4, at sick call complaining of back pain and numbness of legs and feet. The nurse noted your discomfort was 4 of 10 and she made a provider referral for numbness of bilateral lower extremities. Ms. Bland completed your referral six days later on June 10, noting that you also requested renewal of hemorrhoidal cream. She noted "v/s as recorded in eomis. reviewed medication list. Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only-ino difficulty, he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair". She ordered HCTZ 12.5mg once daily and Hemorrhoidal ointment twice daily.

As a unit provider, Ms. Bland is authorized to order treatment she deems appropriate and clinically Could indicated, based on her medical judgment; therefore, your grievance is found without merit.

Received

Signature of Health Services Administrator/Mental Health Supervisor or

Designee

JUL 2 2 2019

Deputy Director Health & Correctional Programs

Regional Ombudsman

07/16/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided

his Grievance Came to My Cell With these Stain's on it I don't know WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? What It IS. The officer Say She received it this way. April Bland is lying about me having no difficulty wolking there and I was sweating like Crazy when we got there. As for me participated in her Msk exam there was No Examplation even tried to be protormed by her. I Never even had time to Spork before She told the officers that she we through with Mc to take me back to my Cell and put my feet up:
https://eomiscluster.state.ar.us:7002/eomis/interface/interface_2_0_clearPage.jsp?skipBod... 7/16/2019

Filed ONLES Can Not She don't even See Where this is all leading her in her Future. She can not stay in the Medical profession taking out personal hate On the patient, even I he post and the post on the System Leak at me now "I can't stand upand I done took so Many falls until It Busted up my (left knee) ad the outside of my legs will liver K and my back is in so much poin I can't steep I have to Diag my legs rehind me volun on my hands and Butt to get around in this Cell I have to They get worse the In the toor like an dog that got hit by a Car.

ADC#: 109194

Date 17/17/2019

Received

JUL 22 2019

Deputy Director Health & Correctional Programs



EXhibit H-3

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01605

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

This grievance is basically a duplicate of grievance #VSM19-01579. Please refer to that response.

Per policy, duplicates are without merit.



To Inmate after Completion of Step One and Step Two.

	Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20	Page 60 of 106
X	UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
1		GRV. #
. 7	Unit/Center Varher Unit 150	/ 1
7	Name Willie J Starr Coll-8	Date Received:
7		GRV. Code #:
W	ADC# 109194 Brks # 1 8 Job Assignment	
	(Date) STEP ONE: Informal Resolution Refused and Denieu	d Medical trata
Wis.		
1	(Date) STEP TWO: Formal Grievance (All complaints/concerns sho	
	If the issue was not resolved during Step One, state why:	
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	, (Date) EMERGENCY GRIEVANCE (An emergency situation is one i	
	a substantial risk of physical harm: emergency grievances are not for ordinary practure). If you marked yes, give this completed form to the designated problem-	
	attached emergency receipt. In an Emergency, state why:	
	May the 20th and I paire not gotten any making treating	
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	involved and how you were affected. (Please Print): 00 06/18/1019, I was	Signatura un for Diabetic
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	Knee. And When I fail Backward I felt Something Snap in A	CAK COUNTY FURIAL CONTRACT
1 1	I Soud a Nurse LAN Jones Who asked Questions, and a mis Husting me and took my Blood pressure Ms Austin Noticed Right off t	
	Both Swollen . Ms Jones Called the ADN Ms Bland and She Co	
	ms Bland Said that She Just Saw me On 06/10/19, Which Sh	
	Medical treatment that I Needed - Sec Grievance Ur	
	that date 6/10/2019, for refusing me Medical treatment.	Note On actional
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	take my knee brace allow and for me to put my lag up	
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	allelle at the	112/0010
	Inmate Signature & Star H/199194 Date Date	13019
	If you are harmed, threatened because of your use of the grievance process, report it im	AGiota To the Warden or designee.
	THIS SECTION TO BE FILLED OUT BY STAF	/
	This form was received on 6-21-19 (date), and determined to be step One	
	(Yes or (No)) This form was forwarded to medical or mental health? V	(Yes or No). If yes, name
	of the person in that department receiving this form:	Date 0/20/19
	x Sot CoAraa x 90495 x lat. Coaraa	X 6-20-19
	PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature	Date Received
	Describe action taken to resolve complaint, including dates:	when ulferred
	to provider related to back pain lig num	vaen and shower
	Chan evaluation you will be wheather. So	well 6/20/19
		C/
	000Wellin 6/3/119 Jume, 6	Tapour 1
	Staff Signature & Date Returned mate Signature &]	Date Received b/20/20/9
	This form was received on (15 17) (date), pursuant to step Two Is it an Emo	rgency? Yes (Resor No).
	Staff Who Received Step Two Grievance:	Date / C Wivea//
	A Will Tillian Office of Manager	n(Other)/Date:
	TGC 1 JUN 24.2019 1-7	1011/11/1
	If forwarded, provide name of person receiving this form: (\lambda \lambda \la	MM ADate: AUG 27 2016
(-)	If forwarded, provide name of person receiving this form:	1/19 Pate: AUG 27 2019
10	DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance O	



IGTT420 3GH 00/100

Attachment IV

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-01677

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/18/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved on 6/18/19 Ms. Bland denied you medical treatment when you were seen in sick call.

Review of your record shows you were seen in sick call 6/18/19 and report called to Ms. Bland. Sick call nurse documentation supports Ms. Bland advised your knee brace if not in use and no current order should be confiscated and to educate you to elevate your leg. You were ordered naproxen per sick call protocol.

<u>Providers are authorized to order what they deem medically appropriate therefore, your grievance is without merit.</u>

Received

Sordia Paeler

AUG 27 2019

Deputy Director Health & Correctional Programs

Signature of Health Services Administrator/Mental Health Supervisor or Designee

Sondra L Parker

08/21/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided the plant of the statement of the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the statement is limited to what you write in the space provided the

why do you disagree with the response given above?

Why do you disagree with the response given above?

First of all your response talked of knee brace, Not the topic of My Complaint. Refused are denied Madical treatment of the reason Jam Stiding a sound on a dirty cell floor With two as that Stop Working due to lack of Medical treatment. She denied me the Mixal treatment Now From 05/21/2019 to 08-24-2019. I have Withness Who work is When the time Come's to Speck the truth. By you trying to make the topic a knee book is When the time Come's to Speck the truth. By you trying to make the topic a knee book is When the time Come's to Speck the truth. By you trying to make the topic a knee book is When the fine Come's to Speck the truth. By you trying to make the topic a knee book is When the time Come's to Speck the truth. By you trying to make the topic a knee book is When the time Come's to Speck the truth. This grievance Said nothing about pith, wing awthorized to order what cheem medically appropriate - Se Iam without mer, the your knew Yes-you know that Iam back here in a Cell with two legs that do sie look, I Suffer through the pain and all I we asked for is the Medical treatment of I didn't want to become Cipple, but Iam afraid you'll have am in need of I didn't want to become Cipple, but Iam afraid you'll have am in need of I didn't want to become Onto the John Shake on (Nove) when the back the Solong Novo Until they don't (Jump) (Shake) on (Nove) when they want to be considered interface of clear page jsp? skipBod... 8/21/2019

Who done My (9) Book Sorgery. I Need to See Doctor Barrand Cowell, even of i to late to help me Walk again, Maybe he Will go in and take all this IRON a Screws out of my book and I'll have to a just to a Wheel Chair for my remaining years in this World. But it you'll Continue to Show me this Same deliberate I. difference, it Willall Come out I Wont die ADC#: 109194 1,71/e Starr 109154 Harner Unit Yson P.P. Box 600 Deputy Director for Health and Correctional programs Facly, Ankansas 21644 Pinc Bluff, Ankanso. 7/6/1 Received AUG 27 2019 Deputy Director Health & Correctional Programs https://eomiscluster.state.ar.us:7002/eomis/interface/interface_2_0_clearPage.jsp?skipBod... 8/21/2019



IGTT430

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01677

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On June 19, 2019, you grieved APN Bland denied you treatment for your leq. You stated you fell on June 18, 2019 getting up for your insulin shot. You stated Nurse Wilson and Officer Robinson witnessed the fall and you went to sick call with Nurse Jones and Nurse Austin, who examined you. You stated Nurse Austin noticed your leg and knee were swollen and Nurse Jones contacted APN Bland. You stated she came back to inform you APN Bland stated she would not see you and for your knee brace to be taken. You also stated APN Bland told Nurse Jones that she had just seen you on June 10, 2019 and you could put your leg up. You stated this is not the first time APN Bland has denied you medical treatment.

The medical department responded, "Review of your record shows you were seen in sick call 6/18/19 and report called to Ms. Bland. Sick call nurse documentation supports Ms. Bland advised your knee brace if not in use and no current order should be confiscated and to educate you to elevate your leg. You were ordered naproxen per sick call protocol. Providers are authorized to order what they deem medically appropriate therefore, your grievance is without merit."

Your appeal states this response addresses your knee brace, not your complaint. You state being denied medical treatment is why you are sliding around on a dirty cell floor with two legs that do not work. You state you suffer through pain every day, you do not want to become crippled, and this is deliberate indifference. You state you need to see Dr. Crowell.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

A review of your electronic medical record shows you were seen in sick call on June 18, 2019 concerning your fall. The nurse noted your complaints of back, left knee, and leg pain. She noted APN Bland was notified of the incident and she was educated on the swelling and hardness of your left lower extremity. The nurse noted APN Bland stated, "if he has his brace off and doesn't have a script, then it needs to be confiscated, also he can just go back to his cell block and prop his feet up, I just seen him last week." She noted she informed you of APN Bland's verbal orders, confiscating your brace and terminating your restriction.

Due to the nurse not following protocol this appeal is with merit.

Date

Case 4:20-cv-00064-JM Documen	t 2-1 Filed 01/15/20 Page 64 of 106	2/a
\sim 10	CON203 Zetuin	to DD
UNIT LEVEL GRIEVANCE FORM (Attachme Unit/Center Var ner Unit (VSM) -2	ut II. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e use only
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07/03/19 (Date) STEP TWO: Formal Grievance	' V' C(X)Con VIOICUC	d ///ght/
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a substantial risk of physical harm: emergency griev	vances are not for ordinary problems that a	re not of serious
nature). If you marked yes, give this completed forr attached emergency receipt. In an Emergency, state	n to the designated problem-solving starr, why: Like never Scenlok) tal	Kno will sign the
Is this Grievance concerning Medical or Mental Hed		
BRIEFLY state your one complaint/concern and be	specific as to the complaint, date, place, na	me of personnel
involved and how you were affected. (Please Print): Shows Me and prove my point, Ms Blad	MS. S. Darker your response to	ny Request
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Willie a stru # 10010	SEP 0 4 2019 7/0//2019	
Inmate Signature	Deputy Direc Date	· ·
	FILLED OUT BY STAFF ONLY	
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If forwarded provide name of person receiving this f	form: Date:	
DISTRIBUTION: YELLOW & PINK - Inmate Rec	eipts; BLUE - Grievance Officer; ORIGI	NAL - Given back
to Inmate after Completion of Step One and Step Two	•	
. •		

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IGTT420 3GH 00/3

Attachment IV

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: <u>VSM19-01769</u>

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/25/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved Ms. Bland denied you medical attention 6/10/19 and 6/18/19. Your concerns were previously address in grievance VSM19-01605 for your 6/10/19 provider encounter and VSM19-01677 for your 6/18/19 encounter. You are encouraged to review those grievance responses.

You note on your step 2 that Dr. Smith promised you x-rays on your 6/21/19 and 6/28/19 encounters and he lied. Dr. Smith denies your allegations and there is no documentation to support a plan to order x-rays.

Your complaint related to 6/10/19 and 6/18/19 were previously supported and your allegation Dr. Smith promised you x-rays and lied to you is not supported therefore, your grievance is without merit.

Sordia Parler

SEP 04 2019

Deputy Director

Health & Correctional Programs

Signature of Health Services Administrator/Mental Health Supervisor or Designee

Sondra L Parker

08/23/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? I don't Under Stand Why he would over Just 1:e for no reason. Officer Syt. Jone and others Withness him say he would order me X-Rays; I never would have believed in a Million years that I would have to de this withan Doctor But Today-08/30/19 officer typer M. Cpl. and two Other Officer Too K me to Br. lisit to See Dr. Smith Who has now found that my Compline was with lot. If Merit, (Deople) please Under Stand that Iam Seeking Medical attention Mothing Nore 60 Vess. I want the Dain to Stop and give Me Some Kind of 1:56 Back here, - except laying Kere hurting every day when its Not Necessary Malking any Medical Sence to Make Me lay here Suffering all these such these lay Medical Sence to Make Me lay here Suffering all these such these legisticoniscluster. state ar. us: 7002/eomis/interface/interface 2 0 clearPage. jsp?skipBod... 8/23/2019

Medically Stabilized When it Come's to me, her hate for me is to very Strong's She is poisoning all New Doctors and Norse's against me. On 9-30-19 I it tool that I could think I like to be so angry that they Would think Some, is of Stopial. He Knew I was not taking; Then Dismith and norse Jones Both Said Well Bland think your faking.

ADC#: 109194

Inmate Softwall your faking.

ADC#: 109194

Received

SEP 04 2019

Deputy Director Health & Correctional Programs

1.0/5



IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01769

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 1, 2019, you grieved APN Bland denied you medical attention on June 10, 2019 and June 18, 2019.

The medical department responded, "Your concerns were previously address in grievance VSM19-01605 for your 6/10/19 provider encounter and VSM19-01677 for your 6/18/19 encounter. You are encouraged to review those grievance responses. You note on your step 2 that Dr. Smith promised you x-rays on your 6/21/19 and 6/28/19 encounters and he lied. Dr. Smith denies your allegations and there is no documentation to support a plan to order x-rays. Your complaint related to 6/10/19 and 6/18/19 were previously supported and your allegation Dr. Smith promised you x-rays and lied to you is not supported therefore, your grievance is without merit."

Your appeal states you do not understand why he would lie for no reason. You state Officer Jones and others witnessed him say he would order x-rays. You state you were taken today, August 30, 2019, to see Dr. Smith by Officer Taylor and two other officers. You state you are seeking medical attention to stop the pain you are in. You state APN Bland is turning other doctors and nurses against you as you heard Dr. Smith and Nurse Jones asking Officer Taylor if he thought you were faking.

According to the grievance policy, an inmate has 15 days after the occurrence of an incident to file a grievance. You submitted your Step One Informal Resolution past the allotted time to grieve the June 10, 2019 encounter; therefore, it will not be addressed.

Your June 18, 2019 encounter was addressed in grievance #VSM19-01677. Please refer to that response.

This appeal is without merit.

3/1	Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 68 of 120
21/1	easth was Dutty
	UNIT LEVEL GRIEVANCE FORM (Attachment I) FOR OFFICE USE ONLY
12	Unit/Center GRV. # V5m-19-01-185
	Name Date Received: 7-5-19
1.	ADC# 199194 Brks # / 20 Job Assignment R GRV. Code #: 400 717
Po	07/04/19 (Date) STEP ONE: Informal Resolution Stern Ship me to a randicopped Unit Until in
à	@7/03/19(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
X	If the issue was not resolved during Step One, state why: I got no response from
(in	, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to
V	a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of servois
	nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:
	its to late and Ion Crippled for life.
	Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental
	BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): The Concern and the complaint, date, place, name of personnel involved and how you were affected.
	NOT had a Sport Sonce 05/24/2019. That 37 days you down tou Back Towns
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	there is (NO way) in my Condition. Neighter from 16 1 K due to this I still my to
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	Medical attention, I Need to be the Sufgron Who done my Back Surgeries Schole it
\$ 4	Please Betog it to lite. I don't want to become a Cripple to save money.
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	Cation Committee Members to, VSM Building Illa Jers
-	and levit in les IP is destilled to 16 les
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	Willie 1 stown Figure 6/101/2019
	Inmate Signature If you are harmed threatened because of your use of the grievance process, report it immediately to the Warden or designee.
	THIS SECTION TO BE FILLED OUT BY STAFF ONLY
	This form was received on (date), and determined to be step One and/or an Emergency Grievance
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	mile of the contract of the co
	PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Describe action taken to resolve complaint, including dates:
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	AUG 06 2019 / 6 Re Sponce.
	INMATE GRIEVANCES SUPERVISOR INMATE GRIEVANCES SUPERVISOR
5	Staff Signature & Date Received on (date), pursuant to Step Two is it an Emergency? (Yes or No).
ind	Staff Who Received Step Two Grievance: Activity Taken: 2019 (Forwarded to Grievance Officer/Warden/Other) Date:
35	f forwarded, provide name of person receiving this form: Date:
97/	
1/20	to Inmate after Completion of Step One and Step Two.
	ADDE 45

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-01785

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Starr you state "This concerns my health and safety; I have (NOT) had a shower sence 05/24/2019. That's 37 days now due to a back injury! Sence Ive been in (1) bk cell (20) Ive been trying to fIgure out a way to shower, but there is (NO WAY) in my condition: Neihter of my legs work due to this last injury to my back, Ive tore something in my shoulder straining to lift my weight into my bunk and out again and again and again. I need to a handicapped unit until I get the proper medical attention, I need to see the surgeon who done my back surgeries before it is to late and In permanently crippled to save money!!" Doctor Bernard Crowell", Please, before it is to late...I don't want to become a cripple to save money...TO ALL WARDEN'S DEPARTMENTS HEADS! TO THE CLASSIFICATION COMMITTEE MEMBERS/TO. VSM BUILDING MAJOR'S AND CAPTAIN'S. MY LEG'S AND BACK DON'T WORK. I NEED HELP"!

You are in a single man cell with a shower. You also have a walker that helps you get around and assist you with your daily functions. All of your medical concerns should be addressed to medical. Therefore, I find this issue without merit.

RECEIVED

Signature of Warden/Supervisor or Designee

Attachment III

INMATE GRIEVANCES SUPERVISOR ADMINISTRATION BUILDING

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? Iam ince cell with a Shower that I Can not reach, I Can't Walk) (I Cannot Stand) my legs don't work. This Walker is no good to Me. a Walker is only good for help to a person who Can walker Stand up! Walker Can't help me got around if my legs don't work, and my de 18 getting No assist from this Welker, Iam baving to Stide on my Bus of my hands. Also Medical has nothing to do with "Handicapped Co oped Cell, "I Can't Stand and I Can't Welk I Cant possibly reach from the floor I IC I Can't Walk ad you Still treat me as i for Interview lefting you'll know this, so

GTT410

Page 1 of 1

EXhibit 1-2

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01785

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On 07/01/2019, you stated the following complaint: "This concerns my health and safety; I have (NOT) had a shower sence 05/24/2019. That's 37 days now due to a back injury! Sence Ive been in (1) bk cell (20) Ive been trying to figure out a way to shower, but there is (NO WAY) in my condition: Neihter of my legs work due to this last injury to my back, Ive tore something in my shoulder straining to lift my weight into my bunk and out again and again and again. I need to a handicapped unit until I get the proper medical attention, I need to see the surgeon who done my back surgeries before it is to late and In permanently crippled to save money!!" Doctor Bernard Crowell", Please, before it is to late...I don't want to become a cripple to save money...TO ALL WARDEN'S DEPARTMENTS HEADS! TO THE CLASSIFICATION COMMITTEE MEMBERS/TO. VSM BUILDING MAJOR'S AND CAPTAIN'S. MY LEG'S AND BACK DON'T WORK. I NEED HELP"!

The Warden responded to your grievance on 07/30/2019 by stating the following: "You are in a single man cell with a shower. You also have a walker that helps you get around and assist you with your daily functions. All of your medical concerns should be addressed to medical. Therefore, I find this issue without merit."

Your appeal was received on 08/06/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.

Director

Date



UNIT LEVEL GRIEVANCE FORM (Attachment I) Dinit/Center Name Brks #/ Job Assignment (Date) STEP ONE: Informal Resolution (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informated in the issue was not resolved during Step One, state why: (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subjut a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of snature). If you marked yes, give this completed form to the designated problem-solving staff, who will significantly attached emergency receipt. In an Emergency, state why: Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or	mally.) Snitt
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Wille stru # 100111 07/01/2019	
Inmate Signature Date	, .
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or THIS SECTION TO BE FILLED OUT BY STAFF ONLY	<u>aesignee</u>
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If forwarded, provide name of person receiving this form: Date:	r Ńo).

(EXhibit-m-1)

IGTT405 3GT Attachment V

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate Starr, Willie J. ADC #: 109194B

FROM: Griffin, Rory L TITLE: Dep Dir for Hlth and Corr Svc

RE: Receipt of Grievance VSM19-01769 DATE: 09/04/2019

Please be advised, the appeal of your grievance dated

07/01/2019

was received in my office on this date 09/04/2019

You will receive communication from this office regarding this Grievance by 10/16/2019

- The time allowed for appeal has expired
- The matter is non-grievable and does not involve retaliation:
 - [(a) Parole and/or Release matter
 - (b) Transfer
 - (c) Job Assignment unrelated to medical restriction
 - (d) Disciplinary matter
 - (e) Matter beyond the Department's control and/or matter of State/Federal law
 - [(f) Involves an anticipated event
- You did not send all the proper Attachments:
 - (a) Unit Level Grievance Form (Attachment 1)
 - (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
 - (c) Did not give reason for disagreement in space provided for appeal
 - (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
 - (e) Unsanitary form(s) or documents received
 - (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

Mever Answered

FrieVance by Date: 10-16-2019

185

UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Unit/Center Valar Unit	GRY # 11 1 - 01925
Name Adillie Store J	Date Received:
ADC# 109194 Brks # 1-20 Job Assignment	GRV. Code #:
/	
(Date) STEP ONE: Informal Resolution	
7/18/11/9 (Date) STEP TWO: Formal Grievance (All complaints/conce	
If the issue was not resolved during Step One, state wh	y:
, (Date) EMERGENCY GRIEVANCE (An emergency situation	is one in which you may be subject
a substantial risk of physical harm: emergency grievances are not for ord	linary problems that are not of serie
nature). If you marked yes, give this completed form to the designated pr	roblem-solving staff, who will sign
attached emergency receipt. In an Emergency, state why:	
Is this Grievance concerning Medical or Mental Health Services?	If ves. circle one: medical or mer
BRIEFLY state your one complaint/concern and be specific as to the con	
involved and how you were affected. (Please Print): How is it that t	the ApN-ME bland has CO
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CDISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Unit/Center Variation - Control of the Control of t	GRV. # 19-01925
Name Utili J. Marie	Date Received: 7-22-2019
ADC# 109194 Brks # 1-20 Job Assignment	GRV. Code #: 600
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- Halia	116 (1 1 1 11 11 6 11)
(Date) STEP TWO: Formal Grievance (All complaints/concerns show If the issue was not resolved during Step One, state why:	
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, (Date) EMERGENCY GRIEVANCE (An emergency situation is one	in which you may be subject to
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BRIEFLY state your one complaint/concern and be specific as to the complaint.	, <u>date</u> , place, name of personnel
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Staff Who Received Step Two Grievance:	Date:
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DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance	Officer; ORIGINAL - Given back
to Inmate after Completion of Step One and Step Two.	[
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IGTT420 3GH

Attachment IV

Page 1 of 2

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-01925

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 7/17/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved on 7/15/19 you fell and bent a leg/wheel on your walker. You state medical staff came and took your walker and you requested a wheelchair, which you were denied.

Review of your record shows you were seen by medical staff 7/16/19 for complaints of back pain and not being able to walk. Report was called to Dr. Smith and orders given for naproxen 220mg and L-spine x-rays. You were seen by Dr. Smith 7/19/19 and Dr. Smith discussed x-ray results and noted no indication for wheelchair. On 7/25/19 Dr. Smith ordered for you to have a regular walker which you were issued.

Due to the delay in you being without an assisting device, $m{\psi}$ our grievance is with merit $m{\psi}$ but resolved when you were issued the regular walker as ordered.

Health & Correctional Programs

Signature of Health Services Administrator/Mental Health Supervisor or Designee

Sondra L Parker

08/19/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided

below. THE RESPONSE GIVEN ABOVE? to a person Who C Islack Ward thom - Maca W Booking & to propression Shot, prill Cal anothing to the Medica Received

AUG 27 2019

Deputy Director Health & Correctional Programs (2xh; b; t-0-4)

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-01925

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 17, 2019, you grieved you need a wheelchair. You stated you have not had a shower in over 59 days because you cannot walk and you fell over your walker on July 15, 2019, bending one of the legs/wheels. You stated medical took it away on Tuesday, so you asked for a wheelchair and Nurse Jones said maybe. You stated you are forced to slide on your butt around your cell, unable to shower or get yourself on to the toilet.

The medical department responded, "Review of your record shows you were seen by medical staff 7/16/19 for complaints of back pain and not being able to walk. Report was called to Dr. Smith and orders given for naproxen 220mg and L-spine x-rays. You were seen by Dr. Smith 7/19/19 and Dr. Smith discussed x-ray results and noted no indication for wheelchair. On 7/25/19 Dr. Smith ordered for you to have a regular walker which you were issued. Due to the delay in you being without an assisting device, your grievance is with merit but resolved when you were issued the regular walker as ordered."

Your appeal states you cannot walk or stand up, so the walker does not help. You state you still have not had a shower and pain medications will not help you walk. You state an MRI will show what is wrong so a surgeon can fix it.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

The medical department's response is upheld and this appeal is without merit.

Director

Date

(55) -1075

UNIT LEVEL GRIEVANCE FORM (Attachment I)	
CANAL DE LEE CAME LA LICE E CALLACIENCE II	FOR OFFICE USE ONLY
Unit/Center Variation (1974)	GRV. # 15m 19-0203
Name /////// Ctarr	Date Received: 8-2-19
ADC# 109/94 Brks # 1-20 Job Assignment 1/1)	GRV. Code #: 680
7/28/19 (Date) STEP ONE: Informal Resolution I Need to See o	ff Site location
7/29/2019 (Date) STEP TWO: Formal Grievance (All complaints/concerns	100. 110
If the issue was not resolved during Step One, state why:	Delling in Ira Stranger
a substantial risk of physical harm: emergency grievances are not for ordina nature). If you marked yes, give this completed form to the designated prob	ary problems that are not of serie
attached emergency receipt. In an Emergency, state why:	in me present modela
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IGTT420 3GH

Attachment IV

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-02052

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance from 07/25/19 was received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You grieved on 7/24/19 Dr. Smith brought you a push walker and you tried it and fell. You state your legs will not do what you tell them to.

Review of your record shows you were seen by Dr. Smith 6/28/19 and he noted, "On physical exam the patient is able to move his lower extremities and recoils when I palpated his lower left ankle. He later said that it was numb and he only thought it was painful because he could see me touch it. The left lower extremity is edematous on exam. Does appear to be painful to deep palpation though not with dorsiflexion of the ankle joint. Patient has a good muscular development below the waist. It is difficult to determine the patient's pathology given his inconsistent history of present illness. He appears to have multiple musculoskeletal complaints chronic lower back pain chronic shoulder pain. Though he states that he cannot move his legs nor feel them, he demonstrates both motor and sensory functions and bilateral lower extremities. The left lower extremity is genuinely edematous with pain on palpation compared the right. Collect CMP for further evaluation and direction concerning this patient no acute concerns." Your lab was completed 7/18/19. You were seen by Dr. Smith 7/19/19 and he noted, "X ray review, evaluation for wheelchair, no change in PE pt leg remain well developed and motor and sensory functions are intact on PE pt states recent fall as the reason he now needs a wheelchair no physical limitation requiring a wheelchair is noted in the

reason he now needs a wheelchair) no physical limitation requiring a wheelchair is noted in the imaging or physical exam. X ray discussed with PT (no acute or unstable findings). Hemorrhoid cream. evaluate pt for wheelchair at next cc/physical exam. no FU needed at this time." Dr. Smith entered a note 7/25/19 and ordered you a regular walker and noted to consider reducing or discontinuing gabapentin should you continue to fall.

<u>Providers are authorized to order what they deem medically appropriate based on their clinical findings therefore, your grievance is without merit.</u>

Sordia Parler

Signature of Health Services Administrator/Mental Health Supervisor or Designee SEP 2 3 2019

Deputy Director Houlth & Currectional Programs

Sondra L Parker

09/16/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

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WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

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Deputy Director Health & Correctional Programs

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9/16/2019

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Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-02052

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 25, 2019, you submitted an Informal Resolution stating Dr. Smith brought you a push walker on July 24, 2019. You stated you have tried it three times and failed as your legs will not do what you tell them. You stated you started to push yourself on the four wheeled walker and you have fallen about 18 times. You stated Dr. Smith and APN Bland want to take away your Gabapentin and the falls have caused your knee to swell again. You stated you busted up your right kneecap which seems to have fluid building around it. You stated APN Bland and Dr. Smith will not take your health problems seriously.

The medical department responded, "Review of your record shows you were seen by Dr. Smith 6/28/19 and he noted, "On physical exam the patient is able to move his lower extremities and recoils when I palpated his lower left ankle. He later said that it was numb and he only thought it was painful because he could see me touch it. The left lower extremity is edematous on exam. Does appear to be painful to deep palpation though not with dorsiflexion of the ankle joint. Patient has a good muscular development below the waist. It is difficult to determine the patient's pathology given his inconsistent history of present illness. He appears to have multiple musculoskeletal complaints chronic lower back pain chronic shoulder pain. Though he states that he cannot move his legs nor feel them, he demonstrates both motor and sensory functions and bilateral lower extremities. The left lower extremity is genuinely edematous with pain on palpation compared the right. Collect CMP for further evaluation and direction concerning this patient no acute concerns." Your lab was completed 7/18/19. You were seen by Dr. Smith 7/19/19 and he noted, "X ray review, evaluation for wheelchair. no change in PE pt leg remain well developed and motor and sensory functions are intact on PE. Pt states recent fall as the reason he now needs a wheelchair. no physical limitation requiring a wheelchair is noted in the imaging or physical exam. X ray discussed with PT (no acute or unstable findings). Hemorrhoid cream. evaluate pt for wheelchair at next cc/physical exam. no FU needed at this time." Dr. Smith entered a note 7/25/19 and ordered you a regular walker and noted to consider reducing or discontinuing gabapentin should you continue to fall. Providers are authorized to order what they deem medically appropriate based on their clinical findings therefore, your grievance is without merit."

Your appeal states Dr. Smith made promises to you that he did not keep. You state Dr. Smith and APN Bland never examined you.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

The medical department's response is upheld and this appeal is without merit.

Director

Date

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Exh. b. + Q-1

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Attachment IV

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: <u>VSM19-02051</u>

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance from 07/31/19 was received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You submitted a grievance stating that you need a wheelchair to get around in your cell.

Review of your medical record shows that you were seen in provider sick call by Dr Smith for x-ray review and evaluation for wheelchair. Documentation snows " no physical limitation requiring a wheelchair is noted in the imaging or physical exam". Providers are authorized to order what they deem medically necessary based on their clinical judgement, because of this your grievance is without merit. You are encouraged to utilize the sick call process for all of your medical needs.

Received

Sordia Paeler

Signature of Health Services Administrator/Mental Health Supervisor or Designee

SEP 28 2019 Deputy Director Health & Correctional Programs Sondra L Parker

09/11/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided

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ADC#: 109194

Julie L. Strice

Received

SEP 2 3 2019

Deputy Director Health & Correctional Programs

(59) (59) (EXhibit Q-3)

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-02051

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 31, 2019, you grieved you need a wheelchair. You stated you cannot walk, so a walker is no use to you. You stated you cannot stand or lift anything, constituting a disability.

The medical department responded, "Review of your medical record shows that you were seen in provider sick call by Dr Smith for x-ray review and evaluation for wheelchair. Documentation shows "no physical limitation requiring a wheelchair is noted in the imaging or physical exam". Providers are authorized to order what they deem medically necessary based on their clinical judgement, because of this your grievance is without merit. You are encouraged to utilize the sick call process for all of your medical needs."

Your appeal states you are being racially and medically discriminated against. You state an impairment that limits one major life activity is considered a disability, and you cannot walk or lift. You state you need a shower chair and wheelchair because your knee is still disfigured and swollen, you have lost weight, and you cannot get to the sink to brush your teeth or wash your face. You state you need a wheelchair, a shower chair, an MRI, and a visit with Dr. Crowell because he did your surgeries and may be able to help before you are disabled for life.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

As noted by the medical department, Dr. Smith evaluated you on July 19, 2019 and determined there was no physical limitation that would require a wheelchair.

You have been seen for your complaints and treated as deemed appropriate and clinically indicated based upon your provider's medical judgment; therefore, this appeal is without merit.

Director

Date

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Attachment III

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-02070

WARDEN/CENTER SUPERVISOR'S DECISION

Act 98 of 2011; #12-09. The facilities shall comply with the Handicapped Accessibility Standards by Arkansas Building Authority. My disability limit a major life activity (1) caring for myself I have not had a shower sence 05/24/19, that's (69) days without a shower. A back injury stopped my legs from working, I have written 4 request to the classification committee on 10/28/19 addressed to Ms. F Washington asking to be put in a cell for my handicap but got not kind of response: Major life activities (3) Walking (4) Sleeping (5) Standing (6) Concentrating (7) Thinking (8) Working (9) Lifting. AD 12-09 states if a inmate establishes that he has been subjected to an action, prohibited under this policy because of an actual physical impairment whether the impairment limits major life activity. I have been sliding around on hands and butt because I can't stand (or) walk. This administration has ignored my request for equal protection; Last week I was on the classification list, but because I can't walk, Joseph P. Mahoney told the officers to just leave me, therefore dening me any chance to make relevant statemen. To the class committee about my medical condition and how it is getting worse, I can't stand or walk. I cant use a walker, because my legs are of no use, I need a wheel chair

In response to your grievance, you have been issued a walker for mobility & moved to a handicapped cell in order to meet daily needs. Therefore, I find your issue resolved.

GECEIVED Signature of Warden/Supervisor or Designee Title

INMATE GRIEVANCES SUPERVISOR

If you are not satisfied with this response, you may appear this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? jou a Walker, When you Can Not Standar Wal So how is a Walker and the Cell I loas moved to don't me Use the Sink Vow as far as this Shower goes + too the Draining System Chail nan Can get these Medial needs ADC#: 109194

me has a Wheel Chair and he Can Walk good:

GT,T410

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-02070

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On 07/31/2019, you stated the following complaint: "Act 98 of2011; #12-09. The facilities shall comply with the Handicapped Accessiblity Standards by Arkansas Building Authority. My disability limit a major life activity (1) caring for myself I have not had a shower sence 05/24/19, that's (69) days without a shower. A back injury stopped my legs from working, I have written 4 request to the classification committee on 10/28/19 addressed to Ms. F Washington asking to be put in a cell for my handicap but got not kind of response: Major life activities (3) Walking (4) Sleeping (5) Standing (6) Concentrating (7) Thinking (8) Working (9) Lifting. AD 12-09 states if a inmate establishes that he has been subjected to an action, prohibited under this policy because of an actual physical impairment whether the impairment limits major life activity. I have been sliding around on hands and butt because I can't stand (or) walk. This administration has ignored my request for equal protection; Last week I was on the classification list, but because I can't walk, Joseph P. Mahoney told the officers to just leave me, therefore dening me any chance to make relevant statement to the class committee about my medical condition and how it is getting worse, I can't stand or walk. I can't use a walker, because my legs are of no use, I need a wheel chair"

The Warden responded to your grievance on 08/22/2019 by stating the following: "In response to your grievance, you have been issued a walker for mobility & moved to a handicapped cell in order to meet daily needs. Therefore, I find your issue resolved?"

Your appeal was received on 09/04/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied. Moved to a Cell that not landicapped it has no Saffy Rails around the Comode (R) Shower (R) Sinkly

9-9-19

Director

Date

(19) Logs

-	
•	4:20-cv-00064 JM/ Pocument 2-1 Filed 01/15/20 Page 90 of 106
	Will will the control of the control
_	UNIT LEVEL GRIEVANCE FORM (Attachment I) FOR OFFICE USE ONLY
<u>;</u>	Unit/Center Vainer Unit (VSM)
A	11/1/2 7 Class Character 1 9-3-19 2/A
3	Name Willie J. Starr Date Received: 9-3-19
1	ADC# 109199 Brks # 1-03 Job Assignment GRV. Code 203
٦	about 10 to the significant and the significan
1	OS/15/19 (Date) STEP ONE: Informal Resolution Cell Not Handi Capped Heces: ble
\vec{C}	Ablable and the second
	Marie (All complaints/concerns should first be handled informally.)
~	If the issue was not resolved during Step One, state why: Dr. In the Jas heen Mis-
	lead by Ms bland and The Nove Jones, So I've been made to
×	, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to
\mathcal{N}	a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of sections
	nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the
	attached emergency, receipt. In an Emergency, state why: Suffer at her hands, Lan Clenied
	any Medical help; Iam denied any Medical equipment that I need
٠,	Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental
	BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel
	involved and how you were affected. (Please Print): To Classification Committee
	T10, 011 me 10 /1 7,011
	10. VSM Building 1/10/5 and Captains, Mis Cellis Supere
	to Be Handi Cappid Ready, Well its not it has NO Safty Rails and
	To be there cape heary well is the tras in suff yours and
	I have no Shower Chair I Count Stood the cotage I need o
	A TIME TO SHOWER CHAIT I CAN STAND THERE TORE I TICK
	Show They I have the Daile to be look me cotion
	STICKET CHAIL - I TECH FINESE ISANS TO NEID THE YEARTH
	a 100 1/ Carrel 1 T/ Com 1 th a de Achte
	and Off the Comode I have Suttered I bus Sence USAVIA
	TOW: 1001 p/ 0/ /
	Live Suttered in Siline's But Lam Stock nurting Muselt and
	11 / 1 / 1 / 1 / 1 / 1
	That's GOT to Stop before L End Up Directing My Neck The already
	Hurting nock of the I times in talk to bear I
	HONT MY MECK OF TELD TIMES IN TAILS POSICOCKY
	Willing A stren 08-27-2019
	Inmate Signature Date
	If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.
	THIS SECTION TO BE FILLED OUT BY STAFF ONLY
	This form was received on (date), and determined to be Step One and/or an Emergency Grievance
	(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name
	of the person in that department receiving this form: \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Cof Bughe 5x439 X5Thatten 8 XIII
	PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received
	Describe action taken to resolve complaint, including dates: All Auth New to South
	Chair was allied to 2119 by De Smith. Housty concerso, are
	an ADC isig. Draw address with All Brown 8/2919
100	
No.	- ADC has no issue with the Chair Man right next to me has Show Chair and
y***	The Chair of the Contractor
	Staff Signature & Water Received CS/30/2019
i	This form was received on (date), pursuant to Step Two Is it an Emergency? (Yes or No).
	Staff Who Received Step Two Grievance: 277 7777 Date: 250/19
1	Action Faken: 3 2019 (Forwarded to Grievance Officer/Warden/Other) Date:
	If forwarded, provide name of person receiving this form: Date:
60	
59	MISTATE UNIT OF & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back
1/2/0	DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; URIGINAL-Given back
/.]	to Inmate after Completion of Step One and Step Two.

Xh. 3.4 S.

3GS

Attachment III

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-02283

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance, you state, To Classification Committee; To. VSM Building Major's and Captain's. This cell is suppose to be handicapped ready well its not it has no safty rails and I have no shower chair, I cant stand therefore I need a shower chair. I need these rails to help me get on and off the commode! I have suffered now sence 05/21/19, Ive suffered in siline's but I am study hurting myself and that's got to stop before I end up breaking my neck, Ive already hurt my neck a few times in falls already.

You have been afforded a walker to help with your mobility and moved to a handicapped cell in order meet your daily needs. According to infirmary Dr. Smith has denied your request for shower chair. Therefore, if you have medical issue you may place a sick call to infirmary.

Therefor I find this issue without merit.

RECEIVED INMATE GRIEVANCES SUPERIUSO Signature den/Supervisor or Designee

ADMINISTRATION SUILDING

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

mericans With Disabilities Amendment Act; 12-09 Supersedes 09-19 Reference: MHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

MHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

ACT 98 of 2011. Policy: It shall be the policy of ADC to provide procedures for prompt and equit a disa ble resolution of Concerns on Complaints alleging any acts of discrimination against immeter with a disa bility, The department does not deny the benefits of the programs petivities of Services to in motes with disabilities when the benefits of the programs petivities of the Department. The facilities with disabilities when the facilities are owned leased on Utilized by the Department. The facilities with disabilities when the facilities are owned leased on Utilized by Arkansas Dulding Huthority. In made and the disabilities of the disabilities Shall Comply with the Handicogned Accessibility Standards developed by Arkansas Bulding Authority. Inmed with Disabilities means inmate: Who have a physical or mental impairment that Sub Stantielly limits one Grynol with Disabilities means inmate: Who have a physical or mental impairment that Sub Stantielly limits one Grynol the Major life activities; OR is regarded as having such impairment. An impairment that Sub Stantielly of the Major life activities; or is segarded as having such impairment. In impairment that substantially limits one Major life activities in order to be Considered a clisa limits one Major lite activity in the distribution of the major life activities of it would seb Stantially limit, if it would seb Stantially limit, if the impairment is episodic or in semission; it is a disability if it would seb Stantially limit, if the impairment is episodic or in semission; it is a disability if it would seb Stantially limit, if the impairment is episodic or in semission; the order of the major life activities of carrier carriers and in the last been Subject major life activities. Concentrating; Communicating I fa immake establishes that he has been Subject to the life of the Planding lifting; Bending; Concentrating; Communicating I La Immate establishes that he has been Subject to anaction Prohibited under this policy becaused an actual ER) perceived physical impairment who there is the prohibited under this policy becaused an actual ER) perceived physical impairment who there is the prohibited under this policy becaused in actual ER) to an action Prohibited under this policy because of an actual experience proportion of white activity. I have ther (x) not the impairment limits ex is perceived to limit a major like activity. I have not had a Shower Sence 05-24-2019. Can never get up on Comede on time, before useing the not had a Shower Sence 05-24-2019. Buth Roongen spyself, have No Rails to helpome get us on Comede, Can't wash face, Can't reach Sin 109194

₩७∤⁄dGTT410

Inmate Signature

IGTT430 3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#:VSM19-02283

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On 08/27/2019, you stated the following complaint: "To Classification Committee; To. VSM Building Major's and Captain's. This cell is suppose to be handicapped ready well its not it has no safty rails and I have no shower chair, I cant stand therefore I need a shower chair. I need these rails to help me get on and off the commode! I have suffered now sence 05/21/19, Ive suffered in siline's but I am study hurting myself and that's got to stop before I end up breaking my neck, Ive already hurt my neck a few times in falls already."

The Warden responded to your grievance on 09/05/2019 by stating the following: "You have been afforded a walker to help with your mobility and moved to a handicapped cell in order meet your daily needs. According to infirmary Dr. Smith has denied your request for shower chair. Therefore, if you have medical issue you may place a sick call to infirmary.

Therefor I find this issue without merit."

A Walker to a person with no leg MoveMray is No Good to the person !!

Your appeal was received on 09/11/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

you move around on the Cell, this One had no Rails

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(OL)

Case 4:20 cy-00064/JM Document 2-1 Filed 0145/20 P	pde 936P10BNUNICITION 12 10-23-2019
UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Unit/Center Varner Unit (VSm)	GRV. # 19-12283
Name Willie I Start	Date Received: 09 = 03 - 2019
140010	- 2
ADC# //94 Brks # /-() Job Assignment	GRV. Code #:
08/27/19 (Date) STEP ONE: Informal Resolution In being denie	od m list
(Date) STEP TWO: Formal Grievance (All complaints/concerns sho	ould first be handled informally)
If the issue was not resolved during Step One, state why:	
to Order lab - He Say I had Kidney Infact:	on and that he would
, (Date) EMERGENCY GRIEVANCE (An emergency situation is one a substantial risk of physical harm: emergency grievances are not for ordinary r	
nature). If you marked yes, give this completed form to the designated problem-	
attached emergency receipt. In an Emergency, state why: Send me pills	
	08/36/2019
	, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, involved and how you were affected. (Please Print): Tom pulling in the Sec	
the 3.10 Co pay. But they have not given me any medica	
I Fake my medical Visit, But let the truth be shown In	- Never had any close
- examination and all Ive gotten is promises and lies, B	But Iam the one laying
Back here On this hard Concret . Govil have to Know my	Condition Cause by the
They est to Classification (i) the Grievance's I refin	
Nowes of My injuries because the Sur it happen . But be	
For some reason the Infirmary is Continuelly Dening me I	
Back willn't Out, Nother One of my legs has worked some	Medical Say On NIDI
Cast to Mich So Iam Out a lick, Well Federal, State	and AUC promised US
Dita Inmates; Before you take on another Black. All	
find the problem and I Could be likelking again but	t to Save. Money they
Weather See me Slide on this Concret on my hand	ed but dragging my lags
2 Million O street	2-17-1010
Inmate Signature Date	2/2011
If you are harmed, threatened because of your use of the grievance process, report it imp	nediately to the Warden or designee.
THIS SECTION TO BE FILLED OUT BY STAFF	ONLY
This form was received on (date), and determined to be Step One	.
(Yes or No). This form was forwarded to medical or mental health?	
of the person in that department receiving this form:	Date XXX
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature	Date Received
Describe action taken to resolve complaint, including dates:	use and tots
The aller was a state of the arms of the a	Alut a phrider.
The have mot wen poleted an way when	and Maria according
The way of the second of the s	1 State of the ses
Staff Signature & Date Returned Inmate Signature & I	Pate Received 08/30/2019
This form was received on (date), pursuant to Step Two Is it an Eme	rgency?(Yes or No).
Staff who Received Step 1 wo Offevance.	Date.
Action Taken: (Forwarded to Grievance Officer/Warden	
If forwarded, provide name of person receiving this form:	Date:
(/) DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Of	fficer: ORIGINAL - Given back
to Inmate after Completion of Step One and Step Two	,
	0 1
11/1/1/10 MM Resonnes - (10-02-1810)	Comm Jailotten Walk

UNIT LEVEL GRIEVANCE FORM () Unit/Center	Attachment 1)	OC. X	GRV.# 023/2
C. L. L.	1000	00,	Date Received: 09-13-2019
Name Willie Staff			7
ADC# Brks # Brks #	3 Job Assignment	- Commence of the Commence of	GRV. Code #:
(Date) STEP ONE: Informal I	Resolution 2	trut 110	Drestantackian)
9/12/19 (Date) STEP TWO: Formal	Grievance (All compl	aints/concerns should	first be handled informally)
If the issue was not reso	olved during Step One	e, state why:	got no responce
			/
, (Date) EMERGENCY GRIEVA			
a substantial risk of physical harm: emerg nature). If you marked yes, give this com			
attached emergency receipt. In an Emerg		signated problem-sor	ving stant, who will sign the
attached emergency receipt. In an Emerg	oney, state wily.		
Is this Grievance concerning Medical or	Mental Health Service	es?If yes, cit	rcle one: medical or mental
BRIEFLY state your one complaint/cond	cern and be specific as	to the complaint, da	te, place, name of personnel
involved and how you were affected. (Ple	ease Print): The MA	33.3 This Holm	instant or Reach trea Copy
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Shower Chair to Bath myself, Ive			2 White light has
Wheel Char While Lenderson of	neglectise less town see	aix I (no	too. Next door to me -
11/11 to 11	16 A Aug.	2. 09/0	1/2/10 Anthon
nmate Signature //// If you are harmed, threatened because of your	u van of the oriengues u	Date	Holsom bo
THIS SECTION	N TO BE FILLED (OUT RY STAFF OF	VI.V ADC# /39
This form was received on	(date), and determine	d to be Step One and	d/or an Emergency Grievance
(Yes or No). This form was forw			
of the person in that department receiving	this form:	,	Date
the Lutter 20	10157	<u> </u>	9/0/9
PRINT STAFF NAME (PROBLEM SOLVER) ID N Describe action taken to resolve complain	umber Staff Signatu	ıre	Date Received
Describe action taken to resolve complain	t, mending dates.		
	I have done	A fill of the	Said 62 3/48/10/18
		0 4 11	1_
	*	Millie	slav,
Staff Signature & Date Returned		ate Signature & Dat	
This form was received on 9.12.19 (da	ite), pursuant to Step /	Wo Is it an Emerge	
Staff Who Received Step Two Grievance:	x Jauro	I	Date: X 9 12 19
Action Taken: (F			
f forwarded, provide name of person reco	eiving this form:		Date:

Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 95 of 106 Page 1 of 1

IGTT440 3GE

GRIEVANCE EXTENSION

TO INMATE: Starr, Willie J. FROM: Parker, Sondra L

DATE: 10/11/2019

EXTENSION

Sent affect of to

ADC#: 109194

TITLE: Nursing Supervisor and Correctional graph

GRIEVANCE #: VSM19-02377

On 10/30/2019

Wednesday

FFICE BY: 10/25/2010

Attachment X

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

gather additional information

YOU WILL RECEIVE COMMUNICATION FROM THIS OFFICE BY: 10/25/2019

This Extension is automatic unless you specifically disagree; If you agree to the extension then no action is required on your part. If you DO NOT agree to the extension, check DISAGREE, sign your name on the signature line, write your ADC#, and date this form, and return the orginal to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

DISAGREE By disagreeing with this extension, I waive my right to have this grievance issue

to pursue a complaint.	eage I have not exhausted the ghevance process as necessary
	ADC#: <u>109194</u> Date:
Inmate Signature	_
Sordia Parler	
Warden/Center Supervisor Signature	10/11/2019 ————————————————————————————————————
Chief Deputy/Deputy/Assistant Director/Director Signature	 Date

IGTT400

3GR

Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Starr, Willie J.

FROM: Redwood, Sandra

DATE: 09/13/2019

ADC #: 109194B

TITLE: ADC Inmate Grievance Coord

GRIEVANCE #: <u>VSM19-02377</u>

Please be advised, I have received your Grievance dated 09/09/2019 on 09/13/2019.

You should receive communication regarding the Grievance by 10/11/2019

CHECK ONE OF THE FOLLOWING

- This Grievance will be addressed by the Warden/Center Supervisor or designee.
- This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be subject fo to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

STORMAN (JAN) A SAME AMERICAN AND SAME AND CONTROL OF THE CONTRO	ADC#: <u>109194</u>	Date	
Inmate Signature	De pai	Bhyo	and to go
<u>— 10-11-2019</u>			

Page 1 of 1

(Exh, b, + U-3)

IGTT405 3GT

Attachment V

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate Starr, Willie J.

ADC #: 109194B

FROM: Griffin, Rory L

TITLE: Dep Dir for Hlth and Corr Svc

RE: Receipt of Grievance VSM19-02377 DATE: 11/19/2019

Please be advised, the appeal of your grievance dated

09/09/2019

was received in my office on this date 11/19/2019

You will receive communication from this office regarding this Grievance by 01/07/2020

The time allowed for appeal has expired

The matter is non-grievable and does not involve retaliation:

(a) Parole and/or Release matter

(b) Transfer

(c) Job Assignment unrelated to medical restriction

(d) Disciplinary matter

(e) Matter beyond the Department's control and/or matter of State/Federal law

(f) Involves an anticipated event

You did not send all the proper Attachments:

(a) Unit Level Grievance Form (Attachment 1)

(b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)

(c) Did not give reason for disagreement in space provided for appeal

(d) Did not complete Attachment III or IV with your name, ADC#, and/or date

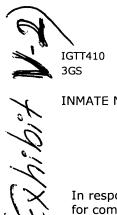
(e) Unsanitary form(s) or documents received

(f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

5

Case 4:20-cv-00064-JM Document 2-1 Filed 01/15/20 Page 98 of 106
Unit LEVEL GRIEVANCE FORM (Attachment I)
Unit/Center VSM Varna Coper Max 8 GRV. # VSM19-02/196
Name Mylillic Starr Low Date Received: 10/34/19
ADC# 109/94 Brks # 1-03 Job Assignment GRV. Code #: GRV. Code #:
(Date) STEP ONE: Informal Resolution
(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: 4 West 10 to Send
m de 1) this to Intermate for Communication on Medical Griekences:
///el/1 <u>Call</u> , (Date) EMERGENCY GRIEYANCE (An emergency situation is one in which you may be subject to
a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the
attached emergency receipt. In an Emergency, state why:
Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel
involved and how you were affected. (Please Print): GrieVance personals, I have a humber
of past due Grievance's due for Communitation from Department of
Dep Dir for Health and Correct Service, Franch Property
1) Griv # VSM-19-01677
(1) C # 10 cm 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10
2)6+1V+ V8/11-19+02377 /H// Past Ove to Communi-
(3) Griv WSM-19-01769 Cation Dease Jespond)
(9) Griv # VSM-19-02283 has a Communication date of 10-23-2019:
Cy CTVIV VSIV 17 VALSOS PICES OF COMMUNICATION STOTE OF 10-25 SED14.
Iam Sick and I Need Medical treatment (ASAP) I Can't Walk GR) Standup & the
Sconer I get Communication the Better
While & storm 10-15-2019
Inmate Signature Date
If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee. / THIS SECTION TO BE FILLED OUT BY STAFF ONLY
This form was received on (date), and determined to be step One and/or an Emergency Grievance
(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name
of the person in that department receiving this form: Date
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Regeived
Describe action taken to resolve complaint, including dates:
Devide on assiver to their aixed averances.
OCT 21 - 1
Kennedy 10/17/19 Mille Dam 10/17/2019
Staff Signature & Date Returned Inmate Signature & Date Received (Ves or No.)
This form was received on (date), pursuant te Step Two) Is it an Emergency? (Yes or No). Staff Who Received Step Two Grievance:
Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:
If forwarded, provide name of person receiving this form:
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back
to Inmate after Completion of Step One and Step. Two
ADCF-15 Www.acctatilog.com

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UNIT LEVEL GRIEVANCE FORM(Attachment I) Unit/Center	FOR OFFICE USE ONLY GRV. # \(\ssrt{S} \text{in - 19-02.746} \)
Name Willie Stall	Date Received: 10/21/2019
ADC# 109/04 Brks # 1-73 Job Assignment	GRV. Code #:
(Date) STEP ONE: Informal Resolution	
(Date) STEP TWO: Formal Grievance (All complaints/concern If the issue was not resolved during Step One, state why:	one in which you may be subject ary problems that are not of ser
	C : 1 1: 1
Is this Grievance concerning Medical or Mental Health Services? Is BRIEFLY state your one complaint/concern and be specific as to the complaints.	f yes, circle one: medical or me
involved and how you were affected. (Please Print): The Vance Och	cint. I have a mill
not past due Grievance's du fet Communication	en trem Depositment o
Dep Dir for Feelth and Correct Service,	The Bossel Lorth
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of the total and	1 100
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No 10 th 1/2 mg 19-01-210 1 1 2 1/2 1/2 1/2	0 00 00000 11
Stir 1311 1101101 - CALIBIT DI	C 18 years 1
Griv# VSM-19-02283 hos a Communication	n date + 11-23-21
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Matter Alman	-15-2014
Inmate Signature Date If you are harmed, threatened because of your use of the grievance process, report	it immediately to the Warden or de
THIS SECTION TO BE FILLED OUT BY ST.	
This form was received on (date), and determined to be Step	
(Yes or No). This form was forwarded to medical or mental health?	
of the person in that department receiving this form:	Date
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature	Date Receiv
Describe action taken to resolve complaint, including dates:	hompson all grievance
Medical nature are to be Sent to Medical to provide	de an Unswir to the
Own grevances.	OL . /
hennech 1 (100) Pelalli	Van 10/17/20
Staff Signature & Date Returned /0/17/14 Inmate Signature	e & Date Received //
This form was received on (date), pursuant to Step Two. Is it an	Emergency?(Yes or N
Staff Who Received Step Two Grievance:	Date: X
Action Taken: (Forwarded to Grievance Officer/Wa	
If forwarded, provide name of person receiving this form:	Date.
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievan	ce Officer; ORIGINAL - Giver
to Inmate after Completion of Step One and Step Two.	The street of th
	10/17/10 ADCF-15
	IVIETI IVA



Attachment III

INMATE NAME: Starr, Willie J.

ADC #: 109194B

GRIEVANCE #: VSM19-02746

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance, you state, Grievance personals I have a number of past due grievance's due for communication from Department of Dr. Dir for health and correct service, From "Mr. Rory L. Griffin"! (1) GRIV. # VSM-19-01766, (2) GRIV # VSM-19-02Records s377, (3) vsm19-01769, (4) GRIV # 19-02283 All past due for communication, please respond! Has a communication date of 10-23-2019: I am sick and I need medical treatment (ASAP) I can't walk (or) standup so the sooner I get communication the better.

Records show three (3) of the above grievances are medical issues, which has been Acknowledged and Responded too by the Medical Department. Grievance #VSM19-02283 has been Acknowledged, Responded and Appealed. Therefore you have received all responding documentation. If you have any medical issue you may place in a sick call to infirmary.

Therefore, I find this issue without merit.

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

	ADC#: <u>109194</u>	Date
Inmate Signature		



ARKANSAS DEPARTMENT OF CORRECTION

Médical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM:
	Restrict from assignment requiring strenuous physical activity in exce
	hours per day. Allow 10 minute break after each hour.
	Restrict from assignment requiring prolonged crawling, stooping, run
	jumping, walking, or standing, in excess of hours per day. Allow 10 minu
	break after each hour.
	Restrict from assignment requiring lifting of heavy materials in excess
	lbs; and/or overhead work in excess of hours per day. Allow 10 minute to
PART 2 - LIMITATIONS:	after each hour.
PART 2 - LIMITATIONS:	* Bed Rest days. Reason:
	The state of the s
	No Duty days. Reason:
	No Yard Call days. Reason:
	No Sports days. Reason:
	One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS	The state of the s
	Report to the Infirmary for Special Treatments()
	Soak:
	Exercise:
	Other:
	Bathe in the Infirmary
The second second	Sitz Bath
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	Cast N N
	Other:
	Have in Possession:
HERE SEE A SEE AL	Cane
1 23	Crutches
Land of the	Brace: (describe briefly)
	Prescribed Footwear:
	Orthopedic Appliance: (describe briefly)
	and the state of t
	Other: walker
	* Go to Dining/Pill Window/Shower Only
	tation(s)/Special Authorization(s) Starts: 07/25/2019 05:56:00 PM
This Medical Restriction(s)/Limi	tation(s)/Special Authorization(s) Ends: 07/23/2020 05:56:00 PM
236	Name: Starr, Willie J.
(Jaren 1975	DOB: 05/26/1966
	ADC#: 109194
A TOTAL STATE OF THE STATE OF T	
Aaron M Smith	1 1
, at of 11 Officer	
Distribution: Original - Medical	- 1 / 1

(81) ings

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EXhibit W.

ARKANSAS DEPARTMENT OF CORRECTION Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM:
	Restrict from assignment requiring strenuous physical activity in
	excess of hours per day. Allow 10 minute break after each hour.
	Restrict from assignment requiring prolonged crawling, stooping,
	running, jumping, walking, or standing, in excess of hours per day.
	Allow 10 minute break after each hour.
	Restrict from assignment requiring lifting of heavy materials in
	excess of lbs; and/or overhead work in excess of hours per day. Allow
	10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES:
	Bed Rest days. Reason:
	No Duty days. Reason:
	No Yard Call days. Reason:
	The state of the s
	No Sports days. Reason:
	One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO:
	Report to the Infirmary for Special Treatments()
	Soak:
	Exercise:
	Other:
	Bathe in the Infirmary
	A second control of the second control of th
	Sitz Bath
	Cast
	Other:
	Have in Possession:
	Cane 'UNO CIVI
	Crutches
	Brace: (describe briefly)
	The second secon
	Prescribed Footwear:
	Orthopedic Appliance: (describe briefly)
	Other: WHEELCHAIR
	Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Lin	nitation(s)/Special Authorization(s) Starts: 10/25/2019 11:44:00 AM
	nitation(s)/Special Authorization(s) Ends: 02/24/2020 11:44:00 AM
	Name: Starr, Willie J.
Lists 7 Sa	DOB: 05/26/1966
	300: <u>03/20/1300</u>
	ADC#: 109194
7-3-1-3	Dr. William p. Scott
William P Scott	William D for H
	11 / 11 / 17
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Case 4:20-cv-00064-JM Document 2:	-1 Hueu 01/15/20 P	age 108 of 100 w/2/C
Von maintenance	S. S. 24 1	FOR OFFICE USE ONLY
UNIT LEVEL GRIEVANCE FORM (Attachment I) Unit/Center (VSW1) Varner (Vn. f-		GRV. # VSm19-02917
Name Willie J. Stor	in the second second	Date Received: 11-4-19
	the state of the s	GRV. Code #: _508
ADC# 109/94 Brks # 1-03 Job Assign		
(Date) STEP ONE: Informal Resolution	tousing Conditi	ans)
(All Marie M	complaints/concerns shou	ald first be handled informally.)
If the issue was not resolved during Ste		
, (Date) EMERGENCY GRIEVANCE (An eme		
\a substantial risk of physical harm: emergency grievance	es are not for ordinary pr	oblems that are not of serious
nature). If you marked yes, give this completed form to t		
attached emergency receipt. In an Emergency, state why:		My Bed again and
Is this Crievance concerning Medical or Mental Health S	Services? If yes,	circle one: medical or mental
BRIEFLY state your one complaint/concern and be spec		
involved and how you were affected. (Please Print):		
Moved to a handi copied Cell due to the fact I Can.	T Walk. The Stoblen	1 is that every time the
Bed and my floor. I Waited Sence June	98 the for Maintenar	ice to fix this avoluence
5) Five months of looking up in Lewist I In	e Shown this proble	to Countless of people
		in fixed-Officers HUISES,
Maintenances Men Mis Kennedy Set Johnes D		
on the Shower her Safty on 09/09/2019, The s	clipter has meson	us as Red Cavels Rhoket
and Shorts Tu lile 1 10	1.1 0 1	mylligh
	IT has Caused n	ne Illany Wet, Sleepless
Cold Nights! I Can not Walk GO Star	od W. C. Makes 5	t hard to Maintain a
Cell With Jeaking Walls/roof that Wet	The transfer of	Frees was wo at hist
Cold and no Cover's to keep warm!	To la Equa	his lack it's been
DUIL 1 st	INTOAL	2010 Symonths/
Inmate Signature	70/29/	2019
If you are harmed threatened because of your use of the grieve	ance process, report it imm	nediately to the Warden or designee.
THIS SECTION TO BE FILI	ED OUT BY STAFF	ONLY
This form was received on (date), and dete (Yes or No). This form was forwarded to medica	ermined to be step One	and/or an Emergency Grievance (Yes or No). If yes, name
of the person in that department receiving this form:		Date
1/01/201 2/4780	Refred	10/24/19
	Signature	Date Received
Describe action taken to resolve complaint, including date and above (e).	es:	1. Sims place simore
Cir in L	Work	
Silicone Did Not	11/1/1	
Menudy 10/31/19	Mulle	Stary / 1/01/2019
Staff Signature & Date Returned This form was received on (date), pursuant to	Inmate Signature D Step Two Is it an Emer	
Staff Who Received Step Two Grievance:	The Add	Date: 1 1-1-19
Action Taken: (Forwarded to Gr	ievance Officer/Warden/	
If forwarded, provide name of person receiving this form		
DISTRIBUTION: YELLOW & PINK - Inmate Receipts	s: RLUE - Grievance Off	ficer: ORICINAL - Given back
Inmate after Completion of Step One and Step Two	s, DLUE - OHEVANCE OH	ncer, UNIGHTAL - GIVEH Dack
Thinate after completion of step one and step 1wo		ADCF-15 www.acicatalog.com

IGTT410 3GS

INMATE NAME: Starr, Willie J.

EX1.617 X-

ADC #: 109194B

GRIEVANCE #: VSM19-02917

WARDEN/CENTER SUPERVISOR'S DECISION

(white) On June 25th I was moved to (1-BK later I was moved to a handicapped cell due to the foot I cn't walk. The problem is that every time the inmate above me turn on his shower, water leaks through his floor down on my wall into my bed and my floor. I waited on sence June 25th for maintenance to fix this problem(5) five months of waking up in water/ I've shown this problem to countless of people over the past (5! month trying to get help in getting the problem fixed - officers, nurses, Maintenances men, Ms Kennedy, Sgt Jones, Capt Taylor! When Maintence put in this bar on the shower for safty on 09/09/2019, the free world Maintence man promised to have it fix that week, that was 50 days ago: This water has messed up my bed covers, blanket and sheets: I need this leak fixed. it has caused me many"WET" sleepless, Cold nights! I cannot wake up & stand which makes it hard to maintain a cell with leaking walls and no covers to keep me warm!! Please fix this leak its been (5) months

In response to your grievance, Maintenance advised the ceiling was checked for leaks in cell #103, but found no problem, on October 31, 2019. Maintenance sealed floor in #129 to prevent ceiling leaks in cell #103 on October 9, 2019. Maintenance has received request for routine check of ceiling in cell #103 and the floor in #129 for preventative measures. Therefore, I find your grievance without merit.

Signature of Warden/Supervisor or Designee Eputy Washer

Attachment III

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

ADC#: 109194 Date

Inmate Signature



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lame (Last, First, MI):		Date of t	1	1 1	of Request:
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DATE RECE	IVED BY MEDICAL DEPT:_				-
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RIORITY 2: See within 48	Shours- urgent need [PRIORITY 4: Face-t	o-face visit not need	ded: respond to rea	est in writing [
CORTT 2. See Willim 40	o nours- argent need 🗅	ridola i i 4. i ace a	orace visit not need	aca, respond to requ	acst in writing L
TE TRIAGED:	TRIAGED	BY: (NAME)		(TTTLE)	
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er to: [] Physician	[] Mid-level	[] Mental Health	[] Dental	[] Other (List):	
dical Staff Name:					
dical Staff Signature:		Title:	Date/time:	Unit:	
nate Name:		ADC #:	. [Date of Birth:	

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(My Copie)

